

MEDICAL CLASS OF 1970





Medical Class of 1970

Indiana University Medical Center

Indianapolis, Indiana

Volume III

M6403200

INDIANA UNIVERSITY MEDICAL CENTER

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

Medical Class of 1970
Indiana University Medical
Center
1100 West Michigan
Indianapolis, Indiana

6-9-70 Chief Complaint

Progressive development of acute
blues, cerebral dehydration, general
odor complicated by ethereal phagia
with recurrent bety-cell anemia

- Present Illness -

The above symptoms began to
manifest themselves in 214 different
forms approximately 4 years ago.
They were apparently initiated after
eagerly bounding to the second floor
of the Medical Science building and
beholding the breath-taking sight of
those shiny "body-cages" with subsequent
damage to the CNS, peripheral sensory loss
and hypnosis after bending over those
new companions for 3 months. This problem
became compounded by the loss of
aesthetic sense in meddling through the
Microfabric of Man, written by the
great white macrophage himself. However,
nourished by the fermented products
of the grape, these 214 survived
their first year's battery of labs, exams,
and B.S., with slight remission of
their paranoia only to suffer a more
extensive exacerbation triggered by a
fulminant infection by the bald
fuddy-bucker Shrigley bug, and
eliminated by exposure to thermal dynamics

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
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1 B

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activity resulting in
malfunctioning nutmeg
livers. It was the

simplest of man's medicinal that
conquered this crisis - a few words on
a black board - "What do you call
the last man in his class? - Doctor."

Having managed to last through
the first one and a half-angled years,
this bodged bit of humanity took
an uplice course and zoomed
enthusiastically into a new and real
part of the world where - BENKE -
was king and knowledge flawed
as fully as beer at the Red Carpet.
These 214 neophytes were basking in
Lubb-Dubbs - RALES, RECTALS and writers cramps
from 20 page H&P's - however, the
sight and feel of living (baptically)
and breathing (usually) human
beings seemed to be a glimpse of
sunshine only to be darkened by
the shadows of a dooming single
grade for a — course from one man,
whom one only saw once a week,
which promoted more anxiety and
dread of the chronic ~~DIS~~ syndrome.

Then a most unusual turn occurred -
the 214 forms dispersed to various
places - some to stagger across 30cm
livers at the U.A.H. Tilton, others, to
behold the glories of the chance at the

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General, a promised
few stood seven
hours holding a
retractor for that infamous 'young man
from the Hopkins', Harry the screw,

TO THE I. U. SCHOOL OF MEDICINE GRADUATES
OF 1970:

The class of 1970 is to be complimented on its many achievements. Your excellent cooperation in the implementation of the major and new programs of your school has been appreciated.

As sophomores, you were the first class to take the component of the new curriculum entitled INTRODUCTION TO MEDICINE. The course has been improved, thanks to your responsible advice and evaluation. During your senior year you were the first class to take essentially an entire elective year. Again through your recommendations and counsel the faculty and administration have been able to improve this important academic experience.

May I extend my personal congratulations to your class for the important initiative and support you have provided. Among your many accomplishments you have established neighborhood health clinics; a change in the grading and evaluation system; retreats with medical students, faculty and practicing physicians; the policy of awarding you degrees at the time you successfully complete the required courses.

I had hoped that you might also have had the opportunity to benefit from our several new projects such as the completion of the Indiana University Hospital, the major addition to the James Whitcomb Riley Hospital, the improved affiliation between the University and the Marion County General Hospital, and the extensive recruitment of new full-time faculty.

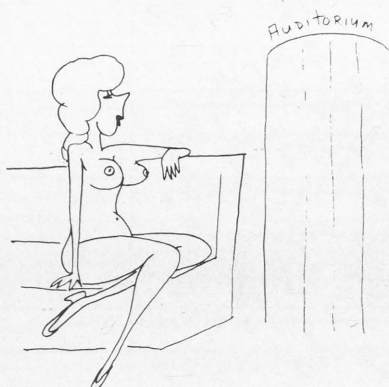
Nevertheless, I trust your Medical School experience was stimulating and meaningful. It is through the joint cooperation of students, faculty and administration, as demonstrated by your class, that progress is made.

Best wishes to all of you.

Glenn W. Irwin, Jr., M.D.
Dean, School of Medicine



GLENN W. IRWIN, JR., M.D.
Dean, School of Medicine



"SENIORS, WHEN A CLASS WORKS FOUR YEARS AT
IUMC, WE CAN'T JUST GIVE THEM A DIPLOMA!"

USE ONE SIDE ONLY

HISTOR

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HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

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 Indianapolis, Indiana

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*and many waded
 through a "69" point
 differential diagnosis*

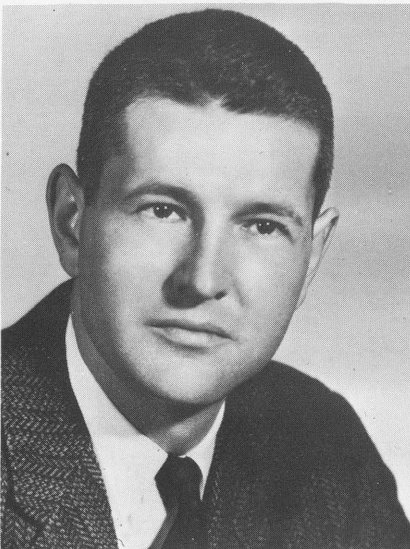
Present Immunizations *Midwest - IUmc.*
used at an
unbelievable rate



George Lukemeyer
 Associate Dean of the School of Medicine



David McKinley
 Assistant Dean of Financial Affairs



Jack Hickman
 Assistant Dean of Student Affairs



STORY-PHY

Steven Beering
 Assistant of Postgraduate Medicine

USE ONE SIDE ONLY

1 B

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(CIRCLE ONE)

Date

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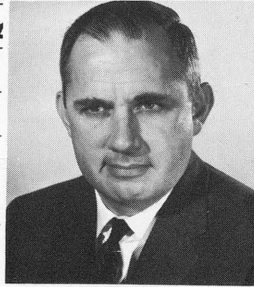
and many waded
 through a "69" point
 differential diagnosis

sea on the Midwest - Tumor

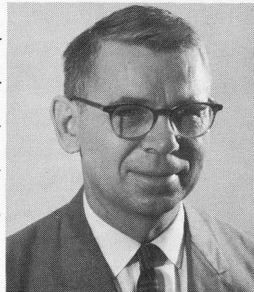
Previous Diseases



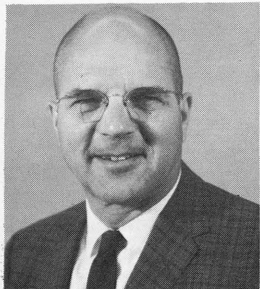
"If you studied your BASIC SCIENCES HARD
 You RECEIVED your just REWARDS!"



David Gibson, M.D.
 Professor & Chairman;
 Biochemistry



Ewald Selkurt, Ph.D.
 Professor & Chairman;
 Physiology



Edward Shrigley,
 Ph.D., M.D.
 Professor & Chairman;
 Microbiology

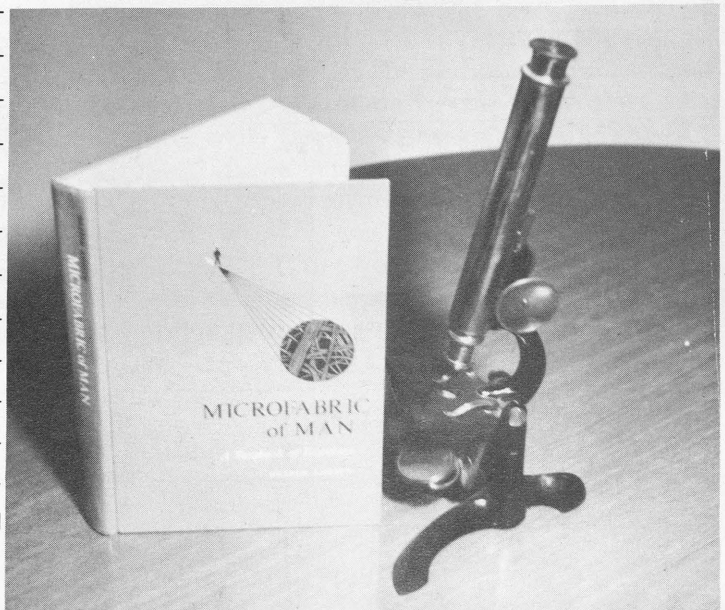


Warren Andrew,
 Ph.D., M.D.
 Professor & Chairman;
 Anatomy



Which of these two was the chief "Mucket
 Fitter of Iumc 1966-1968?
 on wigs for a bird 'passy'.

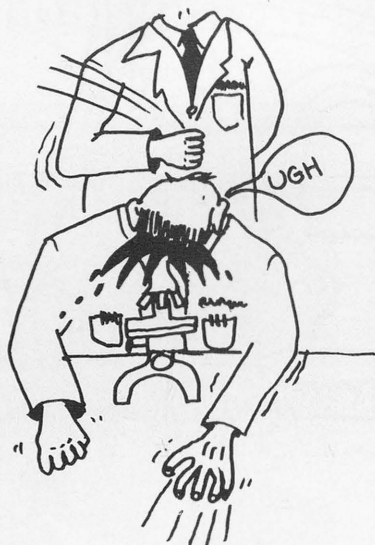
HISTORY-P



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INDIANA UNIVERSITY MEDICAL CENTER

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)



NO ONE SLEPT IN PATH LAB.



James Ashmore, Ph.D.
Professor & Chairman;
Pharmacology



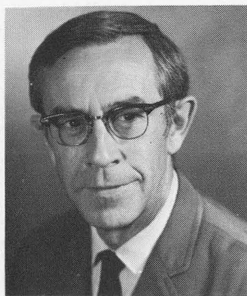
LIFE IS A STUDY OF BOOZE,
FAT AND MATHEMATICAL
PROGRESSIONS THERE OF



Joshua Edwards, M.D.
Professor & Chairman;
Pathology



William Battersby,
M.D.
Professor & Chairman;
Surgery



William Campbell,
M.D.
Professor & Chairman;
Radiology



JACKSON; BALFOUR; DEEVER; NAMED AFTER
3 GREAT 'CLUKS' WHO DIED AT THEIR STATION
IN THE THEATER OF OPERATION.



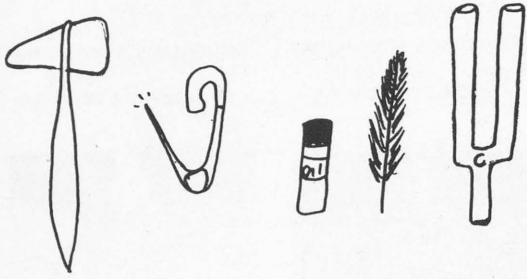
PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

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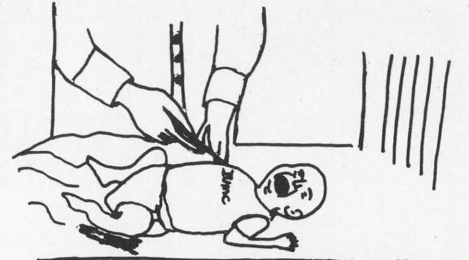
INDIANA UNIVERSITY MEDICAL CENTER

HISTORY-PHYSICAL-PROGRESS-OTHER _____
(CIRCLE ONE)

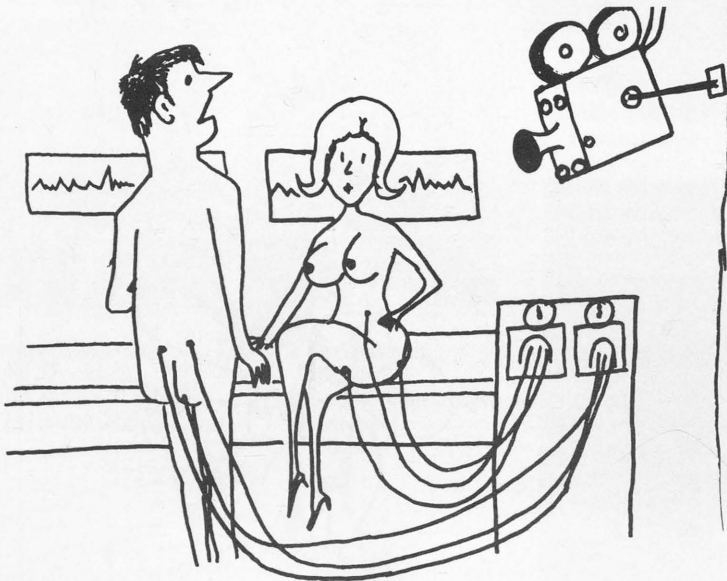
Date

Alexander Ross, M.D.
Professor & Chairman;
Neurology

GUESS WHO?

Morris Green, M.D.
Professor & Chairman;
Pediatrics

"OUCH" -- - ANOTHER 2:00am MED.

WE'RE SORRY DR TYLER BUT
WE JUST DON'T FEEL LIKE IT ANYMORE!John Nurnberger,
M.D.
Professor & Chairman;
PsychiatryVictor Hackney, M.D.
Professor & Chairman;
Dermatology

Hello ACNE - - - Where is the "Corns!"

-OTHER _____

1 B

M6403200

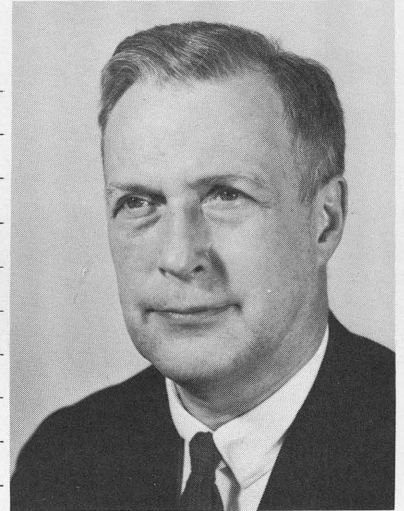
INDIANA UNIVERSITY MEDICAL CENTER

Undiagnosed Diseases



Circle One

ENT
Preventive Medicine
Medical Genetics
Ortho
Oph



INSTRUCTION TO PATRONS ON PREMISES
IN CASE OF NUCLEAR BOMB ATTACK:

UPON THE FIRST WARNING:

STAY CLEAR OF ALL WINDOWS.

KEEP HANDS FREE OF GLASSES, BOTTLES,
CIGARETTES, ETC.

STAND AWAY FROM BAR, TABLES, ORCHESTRAL
EQUIPMENT AND FURNITURE.

LOOSEN NECKTIE, UNBUTTON COAT AND ANY
OTHER RESTRICTIVE CLOTHING.

REMOVE GLASSES, EMPTY POCKETS OF ALL
SHARP OBJECTS SUCH AS PENS, PENCILS, ETC.

IMMEDIATELY UPON SEEING THE BRILLIANT
FLASH OF NUCLEAR EXPLOSION, BEND OVER
PLACE YOUR HEAD FIRMLY BETWEEN YOUR KNEES.

THEN KISS YOUR ASS GOODBYE.



In Memoriam

DR. JOHN B. HICKAM
Professor and Chairman of the Department of Medicine
Indiana University Medical School
FUNERAL REMARKS

by
Dr. William H. Hudnut, III
Pastor of
Second Presbyterian Church
at
St. Luke's Catholic Church
Indianapolis, Indiana
February 12, 1970

We have gathered here this morning very reluctantly to pay a final tribute to one of the great men of American medicine, to express our feelings of emptiness, sorrow, and loss, to surround his widow and children and other members of his family circle with our love and friendship and sympathetic concern, and to commend unto the mercy of Almighty God the soul of our brother departed, Dr. John B. Hickam.

As Chairman of the Department of Medicine at the Indiana University School of Medicine, as a member of innumerable professional medical societies and a contributor to several professional journals, as a widely respected author and lecturer, as the recipient of many honors that came to him in recognition of his talent, his leadership, and his achievements in sophisticated medical research and teaching, Dr. Hickam had achieved a well-deserved national and international reputation. He was, to quote one of his colleagues, "one of the few outstanding men in academic medicine in the country today."

His public record is well known, although time does not permit us to recite the many landmarks and truly significant achievements in his distinguished professional career. We have read much of that in the newspapers. Let us rather focus on the man behind the clinician, the person behind the teacher, the genius behind the researcher, and on those qualities of character and spirit that made Dr. Hickam the magnificent human being that he was.

It was undoubtedly the unique combination of talent in research and teaching and the practice of medicine that made him so good. The key to the combination lay in his astute mind, his indomitable will, his warm heart, and his humble spirit. His was a probing intellect that could explore a problem patiently, meticulously, deeply and clearly. His was an administrative ability that could organize and execute fairly, judiciously, diplomatically, tactfully. His was a tough resilient willpower that gave him the strength and stamina to work hard, to shoulder tremendous responsibilities, to carry heavy burdens without complaint, and to put in long, long hours. His was a style of life that made him a delightful companion, a good friend, very well liked and very much beloved, kind, considerate, sensitive, sincere, a man of warmth and good humor; possessed of the highest wisdom of all, which is the wisdom of humility, articulate without being aggressively talkative, modest though he had much of which to be proud, self-confident without being self-centered. His was an unobtrusive quality of leadership that invariably surfaced in every group with which he was associated--like the Association of Professors of Medicine of which he was the President. His was an understanding, a patience, a tenderness, a sensitivity to the person behind the patient, an appreciation of the individual human being with dreams and hopes and problems and needs behind the student, that gave him a willingness to work with people patiently toward a solution of their problems rather than dispense them casually--so that his students felt there was a special quality in the education they received from him, so that his colleagues would consult with him even though they were not members of his department, so that his patients would sense that he practiced a medicine of the whole person and treated people, not diseases, so that no one who ever talked with him would be made to feel that he was small or his problem was small, and so that one would say, "Outside of my own family, he's done more for me than anyone else."

His was a tremendously useful life, and at age 55, in fullest and finest flower. Now it is over. Now he is gone. Now this bright, good candle is snuffed out--suddenly, irrationally, tragically. It matters not how we know him--as colleague or teacher, friend or neighbor, father or husband--we all feel tremendously bereft. We are all diminished by this untimely loss, and we ask not for whom the bell tolls this morning, because we know it tolls for each of us--for his loved ones in particular in their close family circle, for Mary and Helen and Tom--but for all of us in general, and for many who are not here this morning, for patients he has healed and students he has taught; for the I.U. Med. School, for our city and our state and our nation, and for the entire medical profession.

Sometimes we can speak of death as a blessing, but not in this instance. And I daresay that if we are absolutely honest, we will confess a sense of intellectual and moral outrage about this. "Why him, in his prime?" we ask. How unjust, how tragic! I, for one, will not write it off with the easy answers of a sullen cynicism that calls it fate or a glib piety that calls it the will of God. Nor will I blame God for it. Our world is not a greenhouse. It is a world in which there is suffering and pain and injustice. We would not have it otherwise, really, but neither would we hold God responsible for it all. So we would maintain a reverent agnosticism about the question why, and look for partial meanings within the penumbra of mystery that surrounds us in this mortal life.

But after that, we would speak a word of faith. The tragic element in life, can either tempt men to despair or prompt them to faith. Let us opt for faith. This is a Christian church, this is a Christian service. Christians read in their Scripture a line that says "We live by faith, not by sight." We believe where we cannot prove.

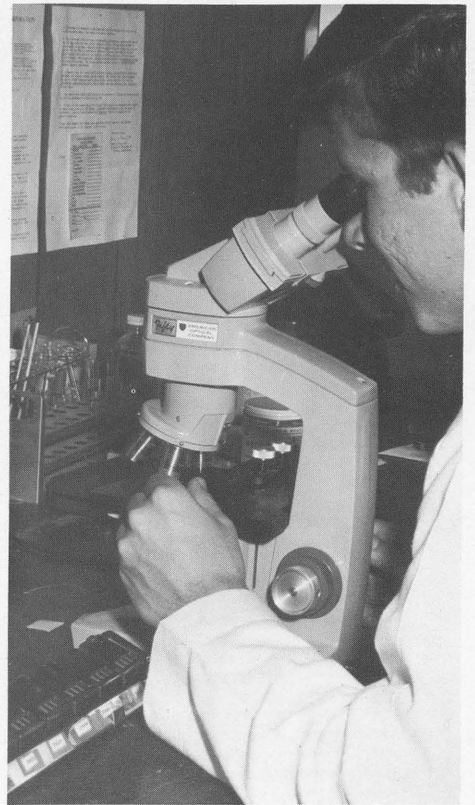
So after we have expressed our gratitude for Dr. Hickam's life, after we have taken our stand by his widow and children to comfort them in their bereavement, after we have confessed our painful feelings of loss and perplexity, we would finally and triumphantly speak of faith. We would point to the everlasting arms that undergird life, and when life is over, lift us up, giving wings to our spirits, rather than permitting us to sink back into eternal darkness. We would say that the final meaning of life lies beyond life, and that death is something that happens in life, not to it. We would affirm our belief that there is an unseen yet real world of the spirit, ruled by the law of love, which is far more magnificent and far more enduring than the world of flesh and blood, a world that does not decay or go smash when the bodily engines of this world fail, a world of which we are a part because we are endowed by our Creator with spirits that enable us to transcend our earth-bound limitations. We would take inspiration from John Hickam's example, and hopefully run the race yet set before us a little better because of what he meant to us. And finally, we would commend unto our Heavenly Father's loving care in the House with its Many Mansions, the soul of our brother departed, crying out, "Death be not proud, for death once dead there's no more dying then," and singing through our tears:

For all the saints who from their labors rest,
Who Thee by faith before the world confessed,
Thy name, O Jesus, be forever blest, Alleluia!
O blest communion, fellowship divine!

We feebly struggle, they in glory shine;
Yet all are one in Thee, for all are Thine.
Alleluia! Alleluia!



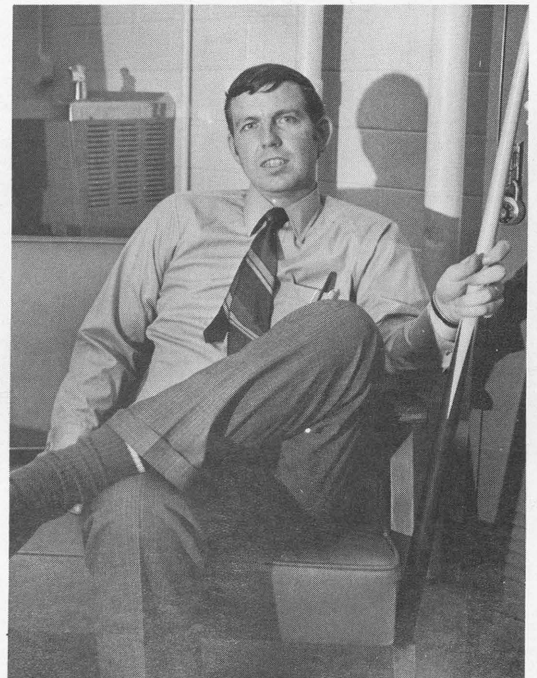
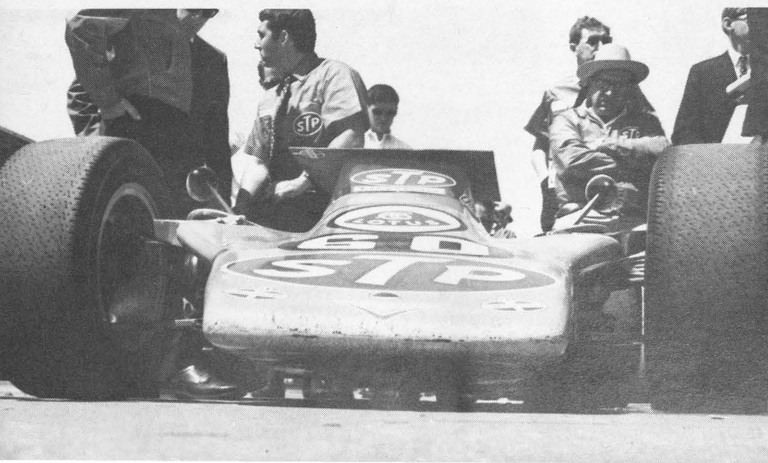
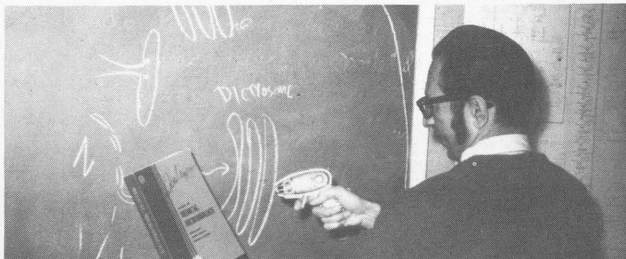
Do you MEAN you DON'T fail ANY of
YOUR MEDICAL STUDENTS, Uncle Shrigley!



99 Eos

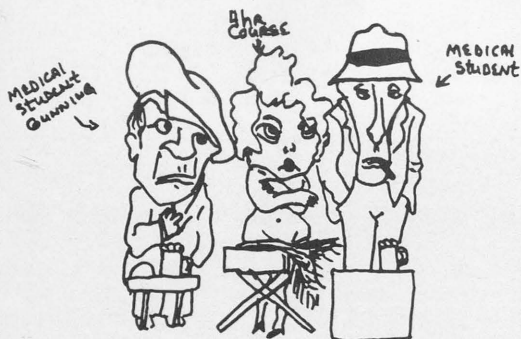
12

R.O.S.—“Those Were the Days . . .”

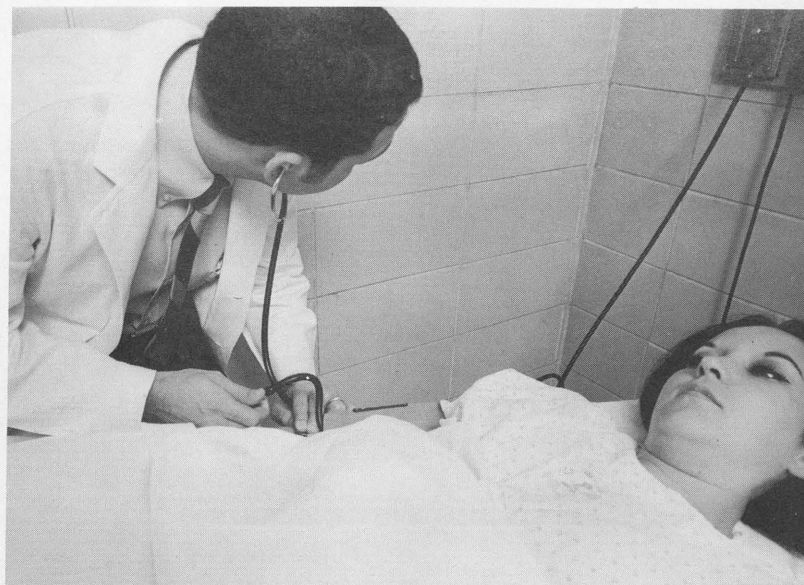


P.D.

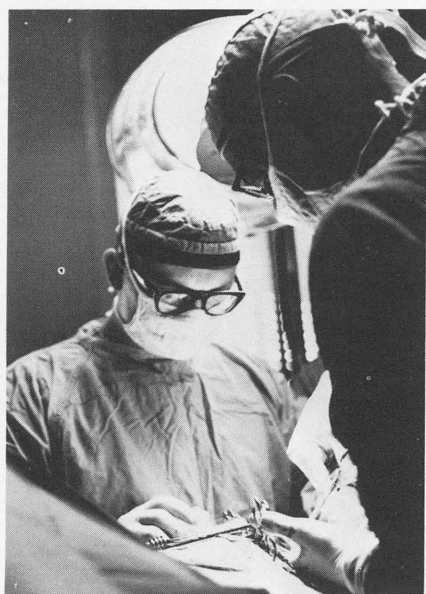
RED CARPET



Those Nights of Diligent Study with proportionate Returns.



Learning the finer techniques



Holding that retractor



Appreciating campus life

What a farce

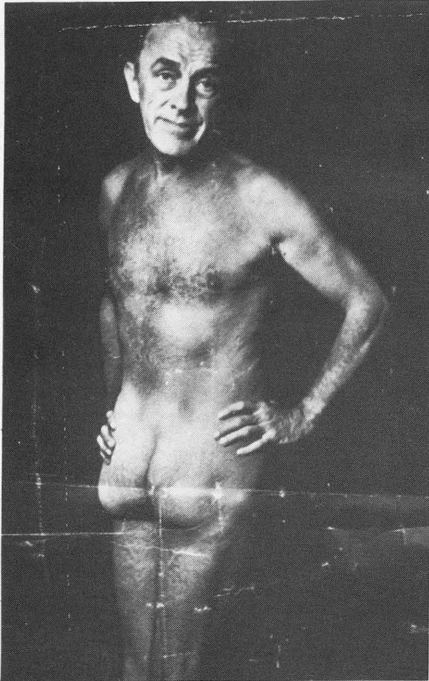


"But Doctor, I've Alaready had 'Five Pelvic Exams today'."



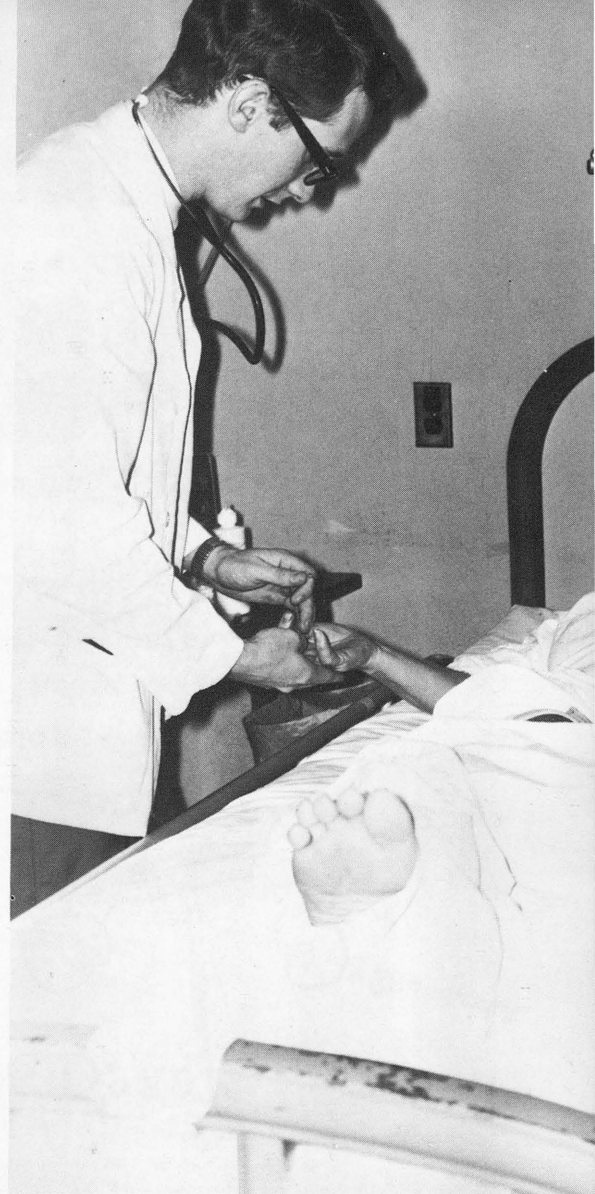


Reaping knowledge's own vintage



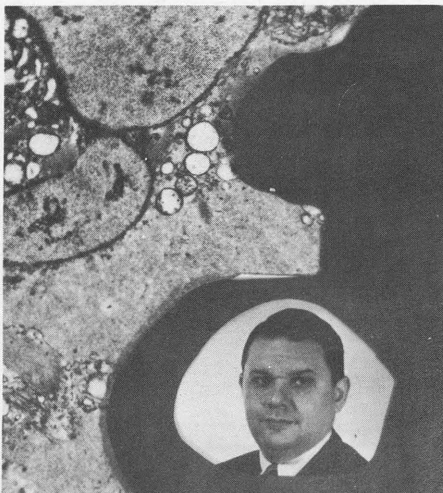
Seeing unusual patients

“We
Thought
They’d
Never
End . . .”

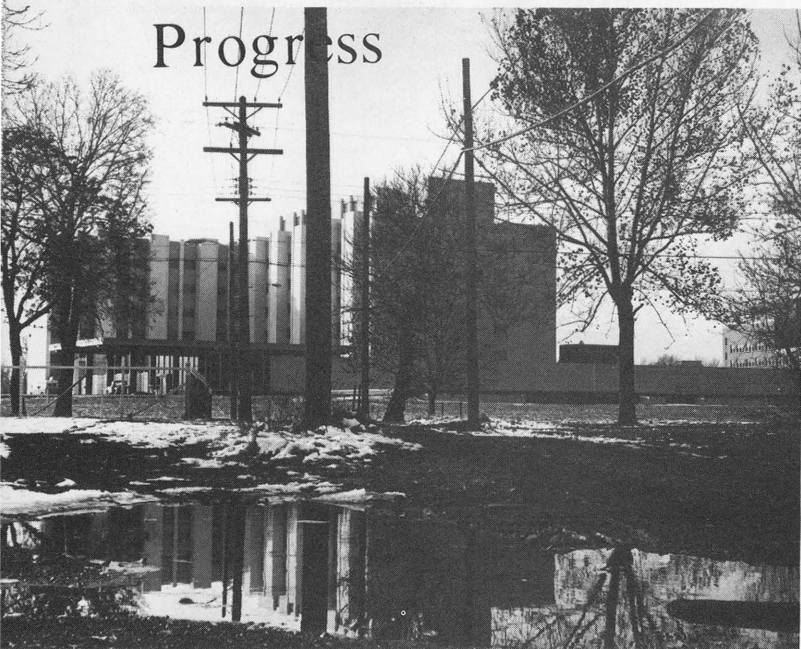


Using new methods

Diagnosing fatal malignancies



Progress

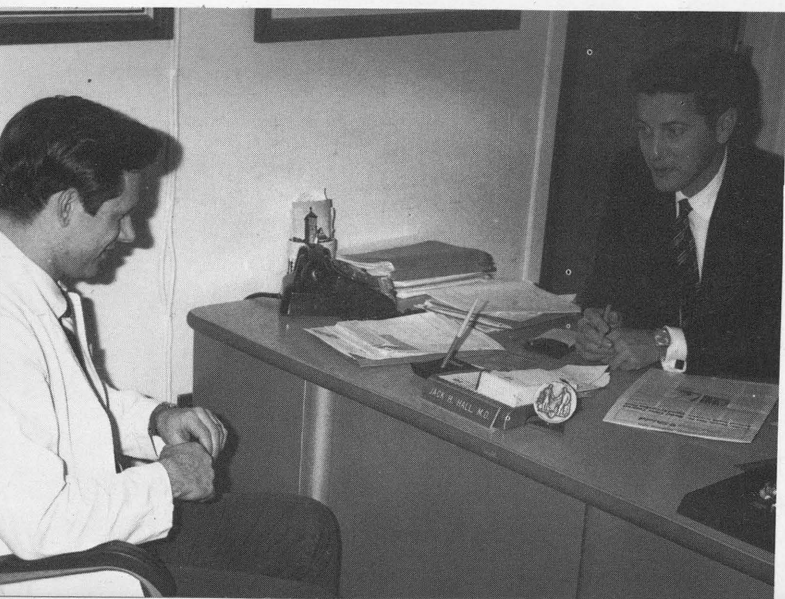
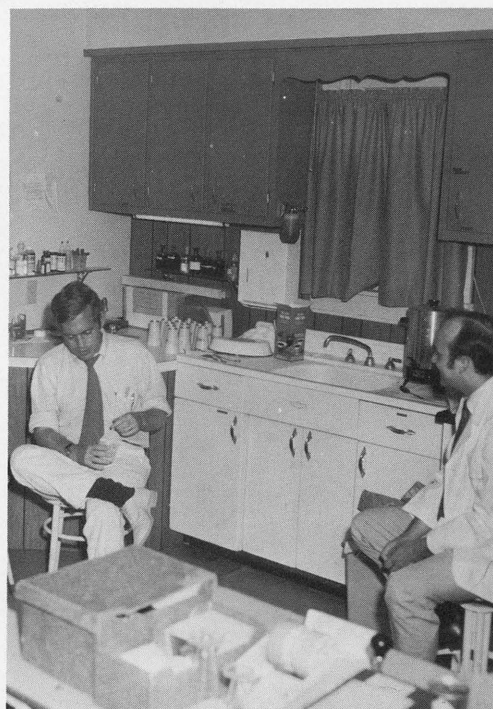


Getting together



ONLY Union Food Kept
us in touch with Reality

Extending Enthusiasm Abroad and at Home



The REAL GRIND is yet to Come?

From Here to Internity

Senior Day, March 16, 1970

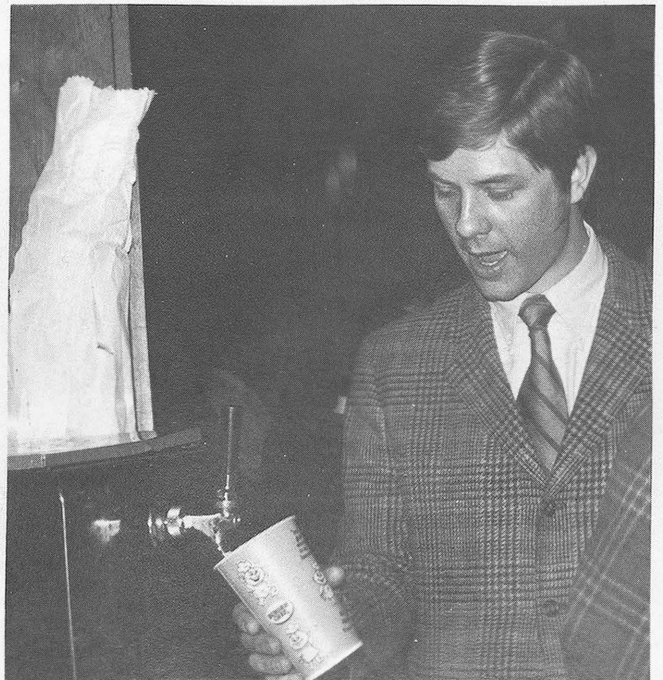


Limbo 10 am



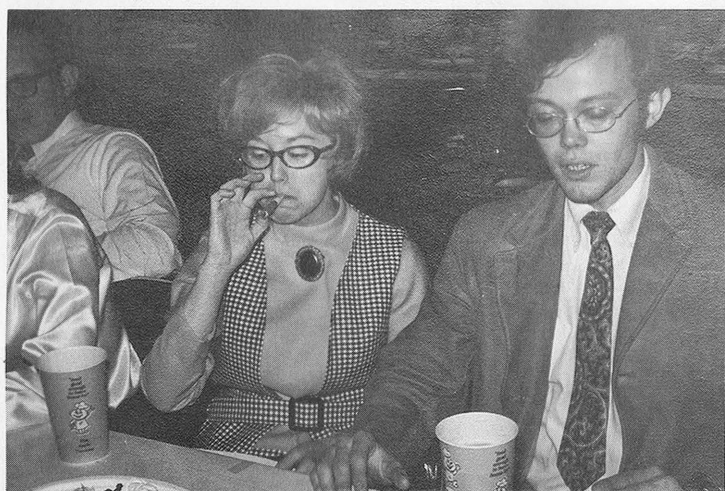
This must be the place?

It is!

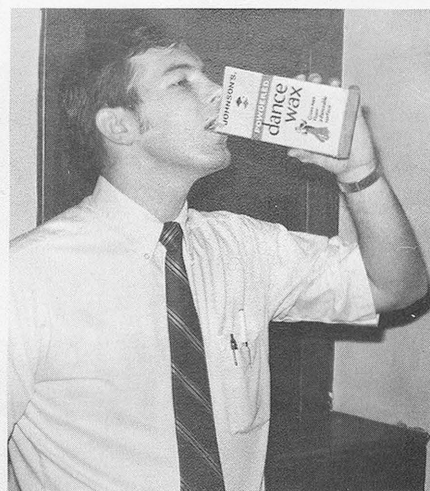


Stat tranquilizer





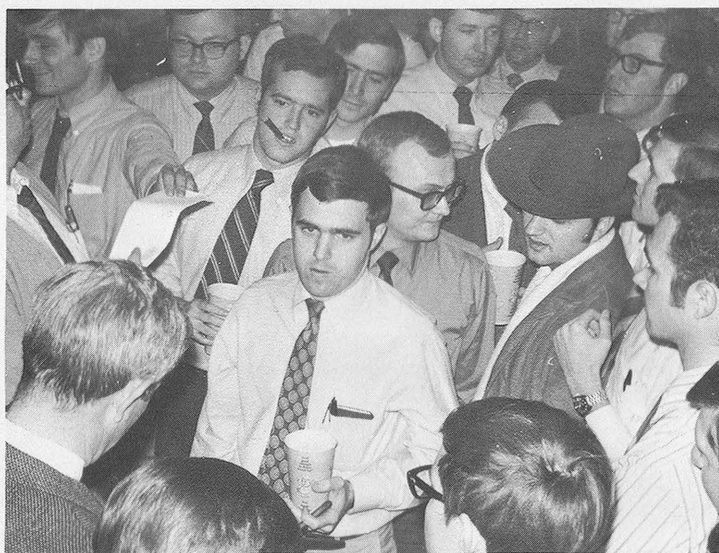
Anything to calm the nerves



Well, almost anything.



Let's get on with it.

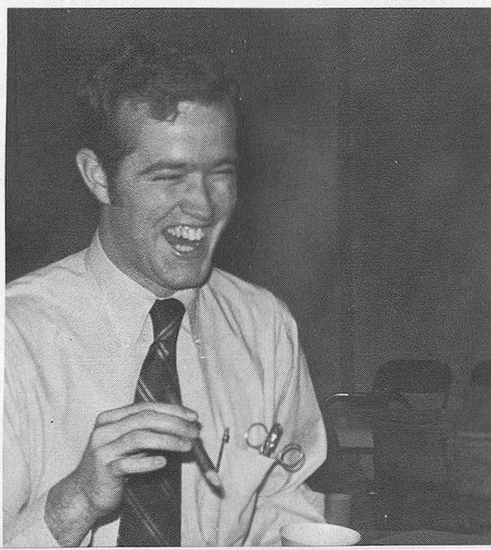
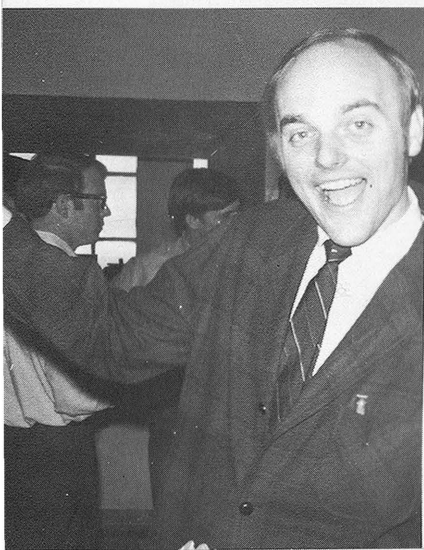


And we did.

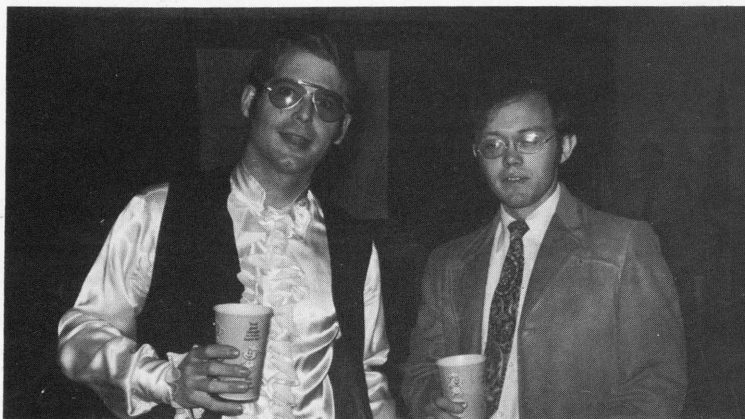
California, here I come!

Somebody loves me.

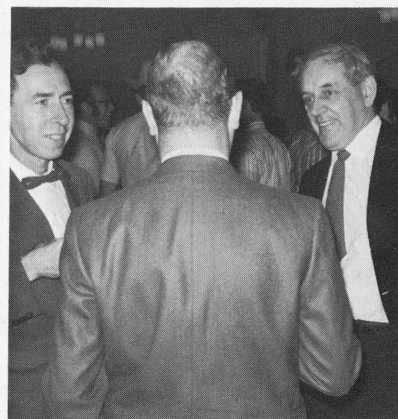
Whew--Still together



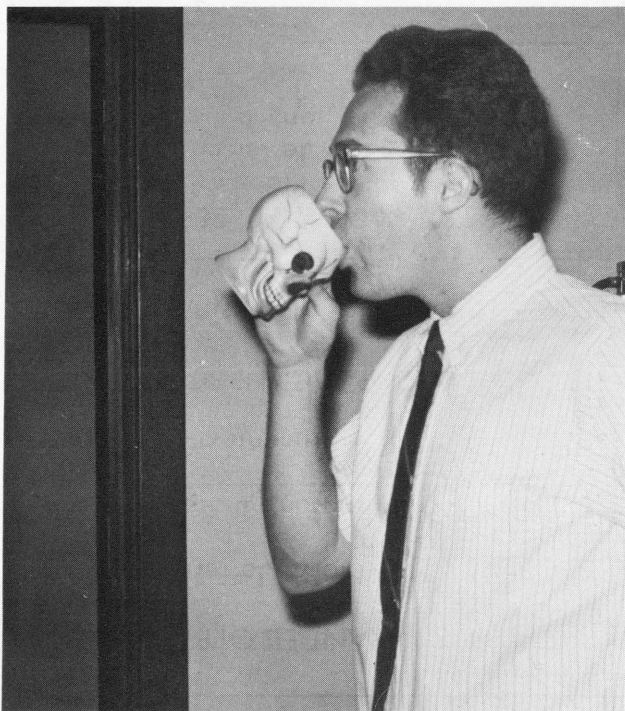
Fun, Fun and More Fun . .



A new breed of doctors is emerging.

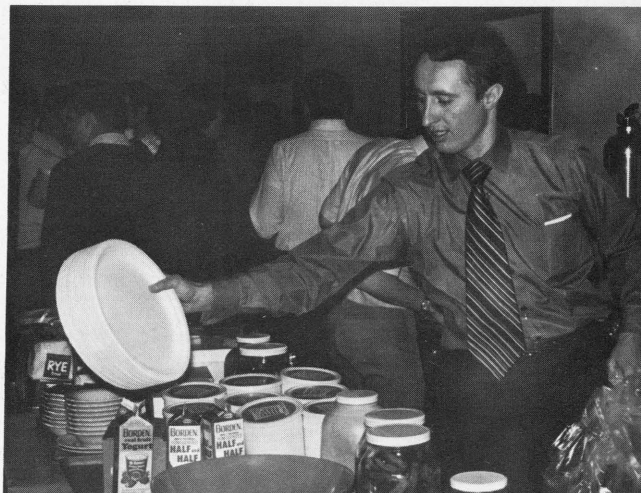
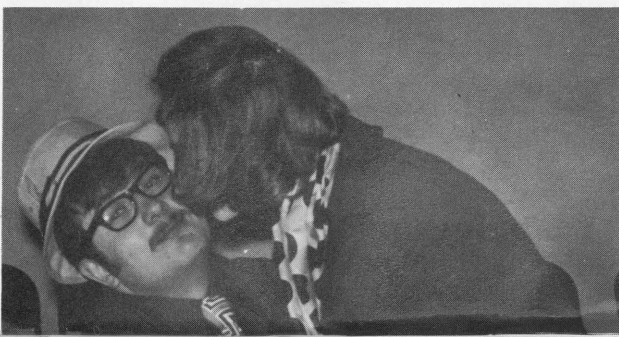


Did we ever act like this?



500 cc ETOH q 5 min.

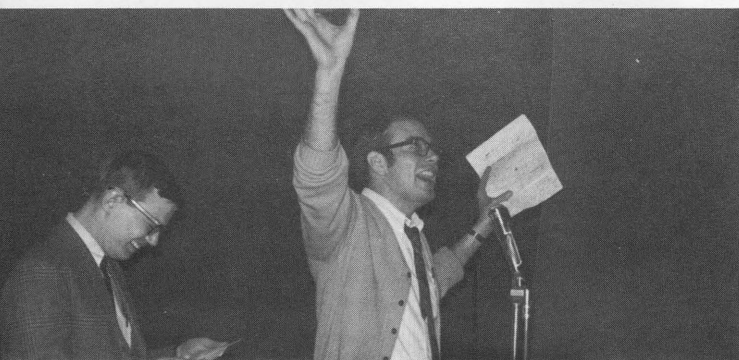
Umm . . . dessert!



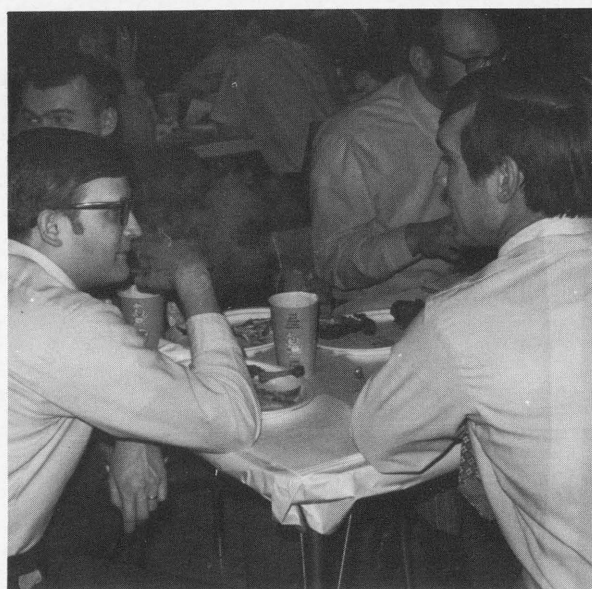
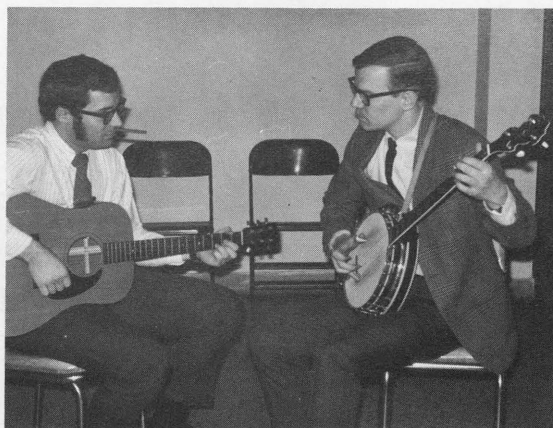
RX 3000 cal diet



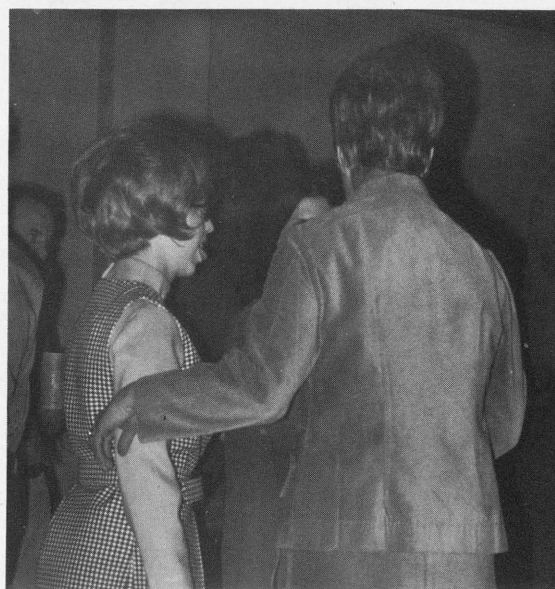
... And Let Us Entertain You!



"Sex"



Lucky they're graduating.



Barf bag, please?



Clinicalpathologic Conference, I.U.M.C.

March 16, 1970

Clinical Presentation

Dr. Stuart Kleit
Dr. Richard Hamburger

C.C. A 97 year old man was admitted to MCGH on December 25, 1969 because of "failure to thrive". He had been seen in the Receiving Ward on 17 consecutive nights with total body pain and constipation. He was "blown out" each time with various diagnoses including post-senile dementia, Chagas' Disease, and eclampsia.

P.I. Pt. had been in excellent health until approximately 73 years prior to admission when he first noticed the acute onset of sharp stabbing epigastric pain which radiated into his scrotum. This pain was often accompanied by a distant rumbling sensation in his rectum and a rhythmic twitching of his penis. The patient had worked several decades ago as a bartender on North Meridian at the Pink Pussy Hotel & Bar. The patient stated that he was an occasional social drinker and that his daily alcoholic consumption consisted of two cases of beer, five quarts of wine and six flasks of white lightning. The patient thought that there was possibly some relation between his epigastric pain and his moderate history of alcoholism. He was able to live with this pain, however, for forty to fifty years and stated that he obtained relief by gargling a mixture of Jim Beam, STP motor oil, pigeon feathers and hamster dung. However, he finally quit tending bar during the Prohibition Era and began work as a repairman for the Twilight Outhouse Mgmt. Co. in Eastern Kentucky. The patient stated that he enjoyed this job because of his exposure to the fresh mountain air. He also felt that he was helping to make America a better place to shit in. After an unfortunate fall while working inside an ultramodern brick outhouse, he decided that he needed a change of environment.

The patient next worked as a piano player at an Indianapolis restaurant called the Scarlet Rug. He was fired several years ago when a group of medical students signed a petition protesting his perverted sense of humor. He was replaced by a more soft-spoken man named George.

In the past few years the patient held several part-time jobs including street sweeper, city councilman, campus cop at IUMC, and speechwriter for Spiro Agnew. During the last six months he has wandered aimlessly around the Midwest visiting old friends in nursing homes and VA hospitals.

The patient was a Spanish-American War veteran and had been admitted to many VA hospitals. However, each time he was discharged A.M.F. when it was learned that he had fought for the Spanish. During this time he first noticed itching of his teeth, intermittent twitching of his uvula, and palpitations in his groin. These symptoms were brought about by doing "wheelies" on his Honda and they were rapidly relieved by sexual intercourse and flatus.

Three months PTA he first noticed that his stools were glowing in the dark, and flashes of lightning were shooting from his penis upon urination. These symptoms became so annoying that he began to blindfold himself with each defecation and micturition. This double-blind trial was aborted when he was arrested in the City-County Building for defecating in a phone booth and urinating in an ashtray. He escaped from the Marion County Jail by dissolving the iron bars with his sputum.

While in jail, however, he instituted a unique form of self-treatment which quickly relieved the aforementioned symptoms. The patient refused to disclose the exact nature of this therapy until interviewed by one of the MCGH surgery residents who was especially skilled in Oriental methods of persuasion; the patient had heard that the young doctors at General Hospital had had great experience with his type of problem. He presented in the Receiving Ward at 4:30 a.m. Christmas Eve. At that time he had not urinated or had a bowel movement in 47 days.

PAST MEDICAL HISTORY: Meds: Included Mycostatin vaginal suppositories X 10 years for rhinorrhea; Aludrox 30 cc Q.I.D., intra thecally for seizures; the patient stated that he was allergic to glucose and condoms. Previous illnesses included Down's syndrome, Sheehan's syndrome, and Kwashiorkor. Previous operations included resection of a Bartholin's cyst by Dr. Huber in 1874. Repair of an aneurysm of the thoracic duct by Dr. Lempke in 1936. Intermedullary fixation of fracture of hyoid bone by Dr. Wray in 1967. The patient insisted that he had been the donor for several heart transplants. While in the service the patient had fought for the Spanish in Cuba. He stated that he single-handedly sank the Maine by means of astunished and brisk diuresis in the galley.

FAMILY HISTORY: The patient's mother is 126, living and well with occasional amenorrhea, and works as a go-go girl at Shannon's Roaring Twenties. The patient's father has never been determined. The patient has two brothers: one who is 86, in poor health, who plays backup quarterback for the Chicago Bears. The other brother is 92, with tuberculosis and works as a food handler at the Student Union building, but has recently been offered the chairmanship of the Department of Surgery. The patient stated that he probably has a large family with children scattered all over the country, but he was not sure.

SOCIAL HISTORY: The patient has been a tremendous burden on society.

PHYSICAL EXAMINATION

Physical exam revealed an anxious and cachetic old man in severe chronic distress who was obviously either Caucasian, Oriental, or Negro. He was very angry that he had been taken to the pathology department before he was brought to the receiving ward.

Vital Signs:

B.P. 150/70--right carotid standing

Pulse 3/min and grossly irregular

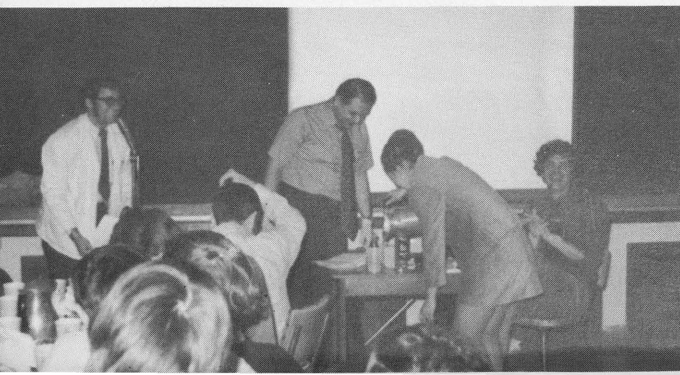
Rectal temp. failed when the patient bit the bulb off the thermometer

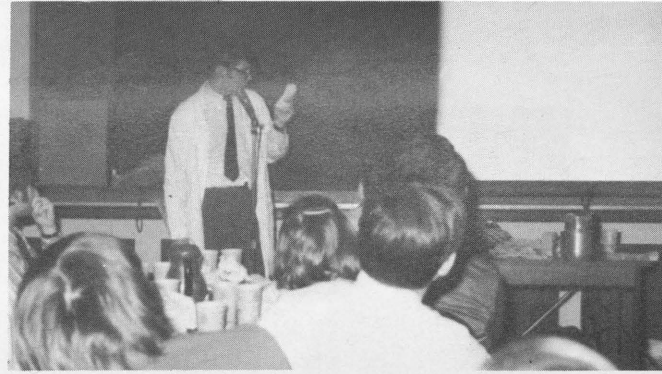
HEENT:

Fundoscopic exam revealed a prominent sella turcica. External auditory canals were plugged with chewing tobacco, as was the foramen magnum. Examination of the nostrils revealed bilateral galactorrhea. The patient's ears were thought to be low set; the left ear being under the mandible and the right ear in the right axilla.

NECK:

Examination of the neck revealed a large mass anteriorly which was thought to be a spermatocoele.





BREASTS:

There was bilateral gynecomastia with an inscription under the right reading "Positive", and under the left reading "Negative".

CHEST:

Percussion of the chest revealed crack-pot tympany throughout.

HEART:

The examiner felt no lifts or heaves over the precordium but the patient said that the exam gave him a thrill. The first and second heart sounds were absent, but there was a loud whooping and honking heard well over the entire precordium which radiated into the right buttock. This was interpreted by the examiner as sounding like a male Canadian goose during mating season.

ABDOMEN:

Inspection of the abdomen revealed a distended, protuberant belly with an air-fluid level visible at the umbilicus. Bowel sounds were regular at 60/min. in 4/4 time with occasional bursts of flatus. A loud screeching bruit was heard over the symphysis pubis.

GENITALIA:

Examination of the external genitalia was truly exciting. There was a tattoo of a bumblebee on the dorsum of the penis and an accompanying inscription which read "The Big Stinger". Palpation of the right testicle revealed a positive Homan's sign. The left testicle could not be located initially, but later was found during examination of the knee in the popliteal fossa.

EXTREMITIES:

There was gross anasarca with 4+ pitting edema of the eyebrows. Examination of the feet was attempted by three house officers each of whom subsequently required artificial resuscitation.

NEUROLOGICAL:

The neurological exam was unremarkable except for the absence of the first five cranial nerves. A Binne test was aborted when the patient began passing flatus at 256 cycles/sec.

RECTAL:

During rectal exam a small polyp was found in the transverse colon and the liver was palpable just below the right costal margin. No stool was obtained per rectum. However feces found under the fingernails were strongly Hematest positive at 5 seconds.

LABORATORY DATA

Lab studies obtained at the time of admission included a Hgb of 1.4 GM% with a WBC of 85,000 with 80,000 eosinophils. SGOT was 14,000 units. Serum protein, 0.05 gm% with A/G ratio of 1 to 3. Three sealed containers of urine were sent to the lab for culture. They were lost in transit only to be found two weeks later in a vending machine in the Med Science building. Serum porcelain levels were obtained on three occasions. The first two were read as "greater than 100,000 Gomer units/microliter". When the third specimen was introduced into the AutoAnalyzer a thick cloud of pungent yellow smoke came billowing from the machine and the clinical lab had to be closed down for a week. Three Med Techs were found dead due to porcelain asphyxiation. The lab would accept no more specimens from this patient. However a large, bulky, foul-smelling, pale yellow floating stool specimen was also sent to the lab. After due study and evaluation, it was concluded that while only some turds float, they all stink.

An admitting EKG was interpreted as very low sinus rhythm compatible with "p inguinale". Chest X-ray was read as suggestive of BPH but cannot rule out lupus.

HOSPITAL COURSE

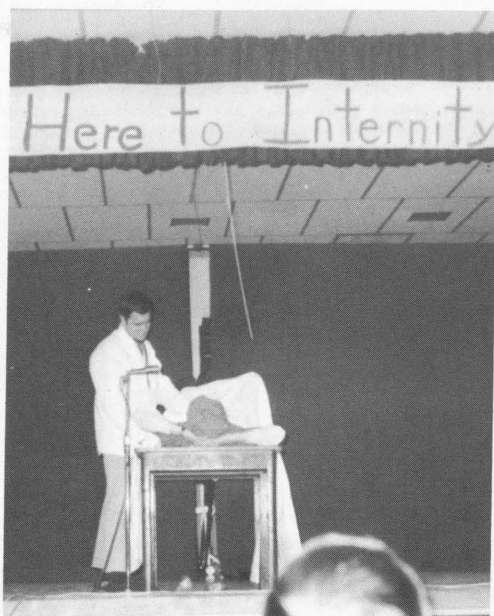
Several hours after admission the patient was missing from his room. The next morning on ward rounds he was found in the ICU urinating on the other patients. He was subsequently returned to his room and bound down with lock and chain, and a Foley catheter was anchored prophylactically. One hour later he had chewed through his catheter and feces were found more than thirty feet from his bed. Large quantities of Airwick were used in an attempt to neutralize the pH in his room. The next day, however, several of the house staff had severe conjunctivitis and were then issued gas masks. The patient then locked himself in his room for the remainder of the day and was found on evening rounds in acute alcoholic intoxication. It was ascertained that he converted his Gomco and Bennett machines into a distilling apparatus and had made two quarts of wine from cleaning fluid that he had stolen from the maid.

On the next day a cardiology, peds, and gyn consult were requested and refused. However an infectious disease consult was obtained with the help of a small bribe. Their suggestions included a massive STAT bath with a solution of 5% phenol and dilute HCl. They also felt that a can of Raid was the treatment of choice. A Scotch tape test for pinworms was attempted but failed when the patient's anal mucosa sloughed on the tape.

On the fourth hospital day a liver biopsy was performed and the tissue obtained revealed normal splenic architecture. The patient was transferred to the detention ward after a sexual assault on five student nurses simultaneously. Dr. Dyken refused to see the patient but stated that a EMG was definitely indicated. Sputum culture grew out large numbers of MYCOBACTERIUM SMEGMATIS.

On the fifth hospital day the patient developed a prolonged episode of priapism during which he became severely hypotensive. He was then seen by Dr. Lempke who felt that an emergency pancreatectomy was the treatment of choice. The patient was taken to surgery but before the lights could be properly adjusted, the patient had a seizure and vertical trismus was noted over his buttocks. He then suddenly arrested and with his dying breath he screamed, "God save Ramon y Cajal".

“Oh, Yes, Those Were the Days, My Friends . . .”

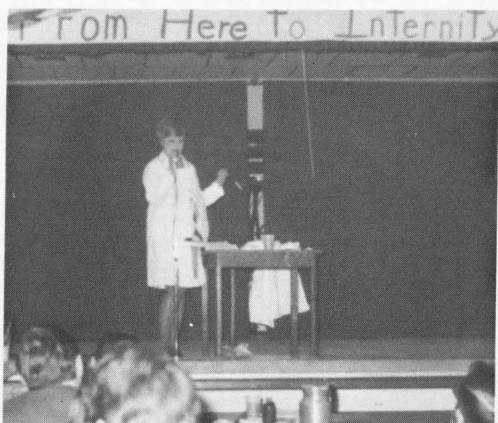


My first pelvic.



“DON'T I EVEN GET TO LIE ON THE TABLE?”

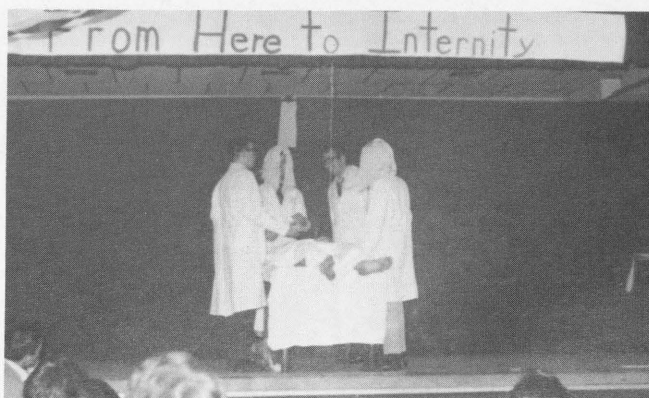
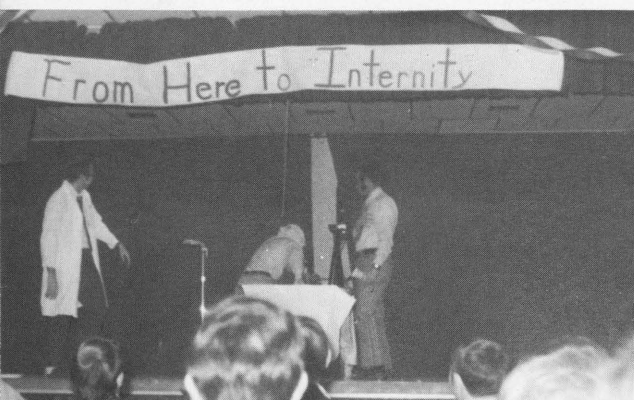
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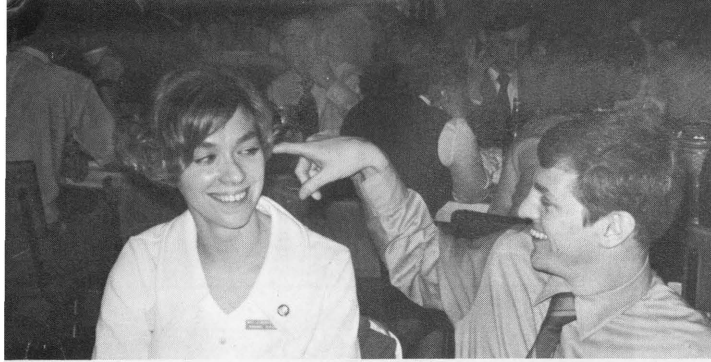


Get that impaction.



Where's the liver?





Stick it in your ear.



- AND IT WILL TAKE PICTURES TOO -



And the Day Went on . . .



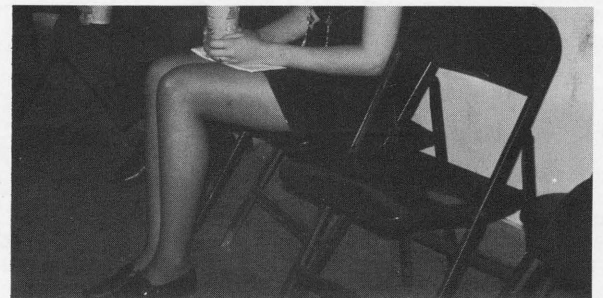
Have a seat.

23

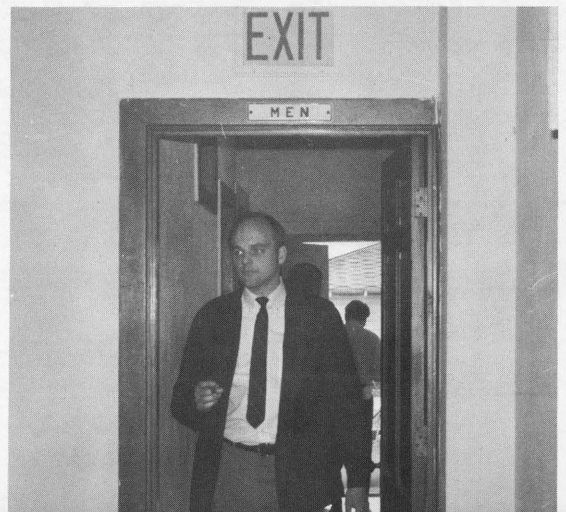
"WOW! WHO'S THE DAME?"



A bird's eye view.



What a day!



And finally it did end.

M6403200

INDIANA UNIVERSITY MEDICAL CENTER

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

Medical Class of 1970
Indiana University Medical
Center
1100 West Michigan
Indianapolis, Indiana

unbelievable rate - learning
to start I.V.'s on hidden
veins in the middle of
the night; digging out necrotic fecal
impactions on 90 g/o Q's with a 30 year
history of Constipation, inserting Foley's
into gents with chronic priapism
and becoming adept at pelvic on
320 lb. honeys who eat like birds.

And so the story goes with 3 years
gone by, and the fourth began so
improved that each of the 214 could
choose its own mode of treatment. Some
even ventured to different parts of the
great state of Indiana - notably for a
practical Methadology Course in
Psychiatry on the Bloomington Campus,
called new Implementations in Human
Sexual behavior and staffed by I.U. Q
cards; some chose to stay with the
thriving Metropolis at the outlying
hospitals where the number and
growth of the green George Washingtons
became a determinant factor in
treatment and disposition, and then,
those that appreciate the newer things
of life Hurley's Syndrome, Dermatomyositis,
and Waldenström's Megaloblastic anemia,
stayed with in the Ivy halls of the
Mother institution

Alas --- the final phase of this
disclosed state was at hand, and

USE ONE SIDE ONLY

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

1 B

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

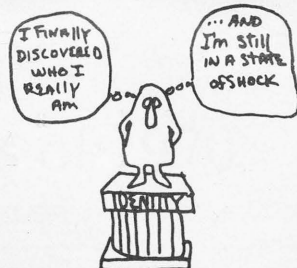
the course of these 214
now knowledgeable,
adept, and competent
beings was to come to the forefront on
Senior Day, March 16, 1970 when the
work, tears, and bloodless guts of 4
years of diagnostic evaluation was
to be forecasted, when the destiny of
the next years progress would be made
final in the dictum of the 214
internships so that when the final
culmination of where all hope and
all treatment had been directed
on June 9, 1970 these 214 once ading
novice medical students received their
earned discharge with a final
diagnosis of - DOCTOR -

Diagnosis:
Medical Student Syndrome, Chronic

Prognosis
uphill as of June 9, 1970

Disposition

1. 2 months vacation per year
2. + pint scotch q.d.
3. + martini a.c.
4. New Car. prn
5. Playboy each month

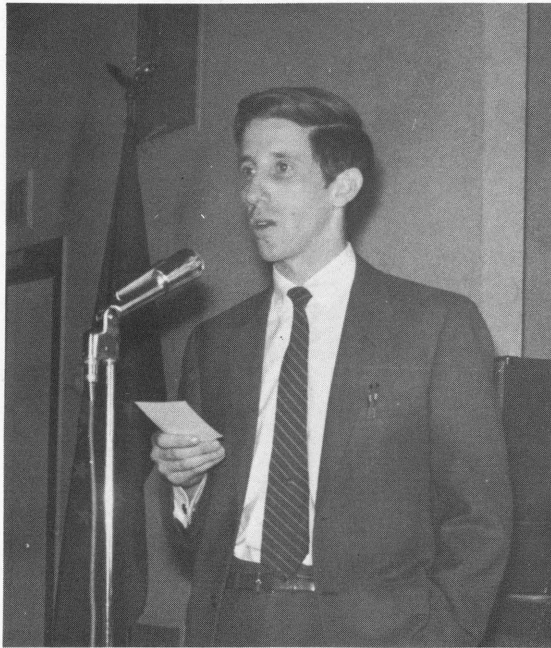


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HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

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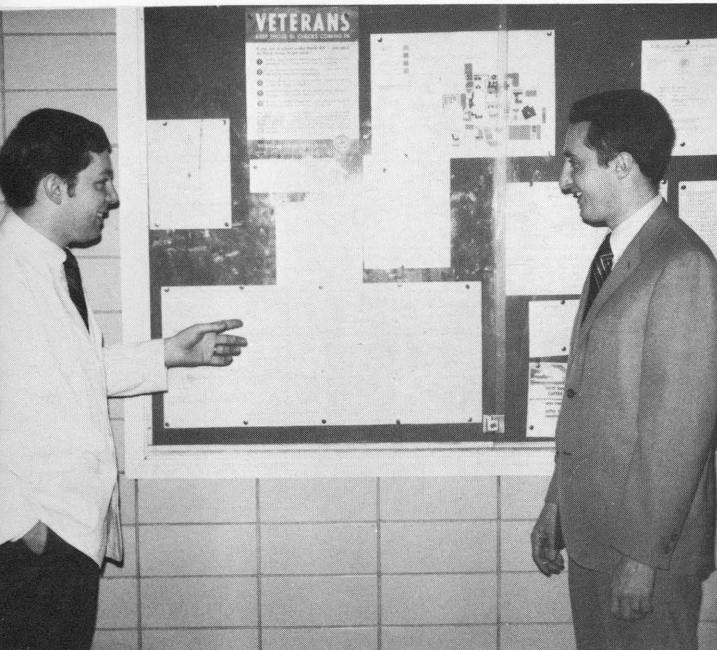
Class Officers



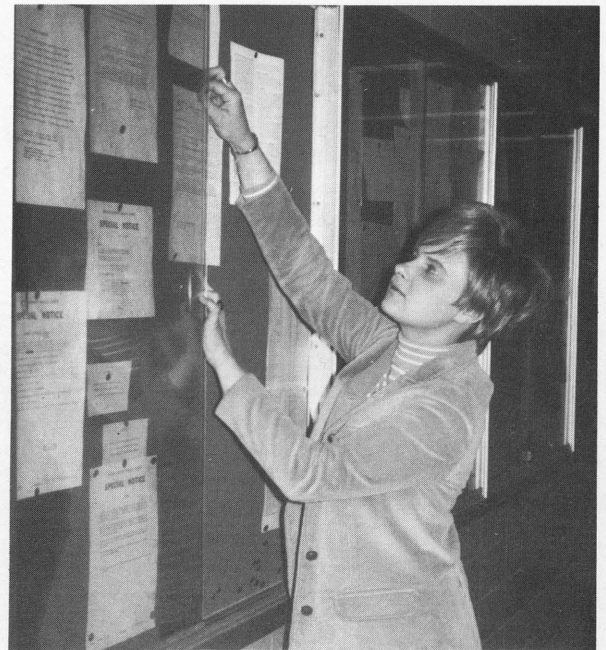
Theron Ebel, President



Dr. Jack Hickman and Officers



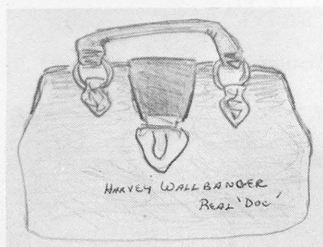
Darrell Regier, Treasurer
John Brown, Vice-President



Beverly Carpenter, Secretary

Indiana University Medical School

Class of 1970



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Gary, Indiana

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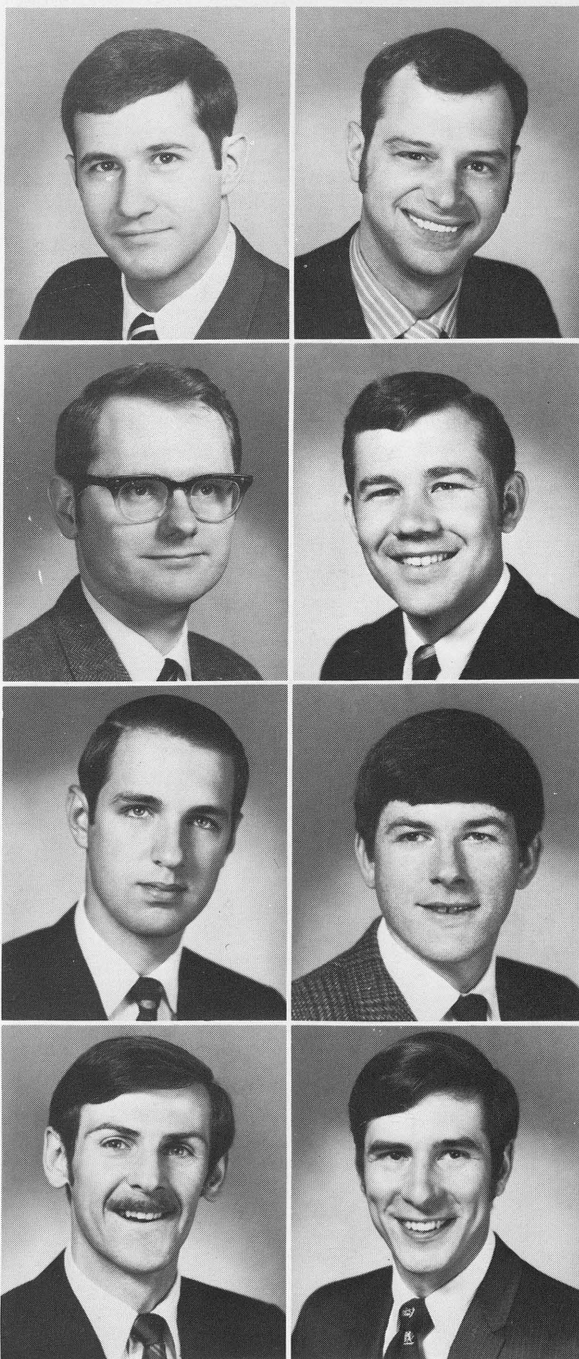
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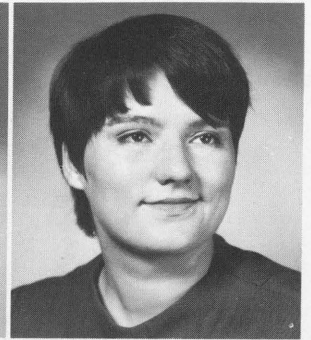
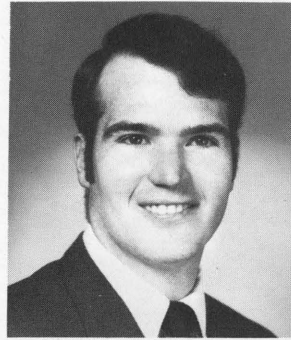
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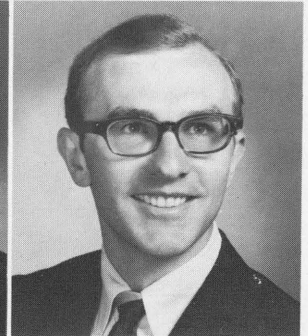
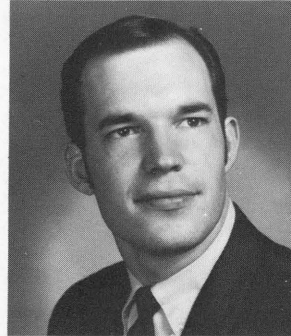
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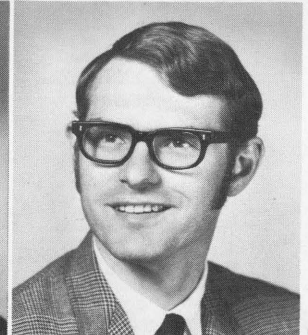
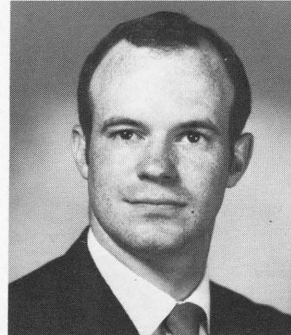
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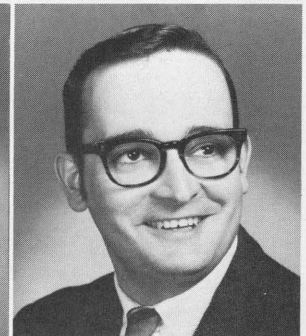
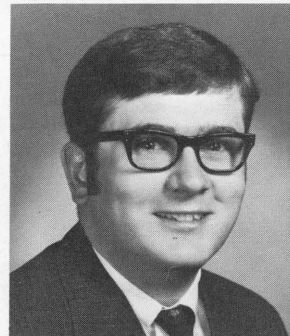
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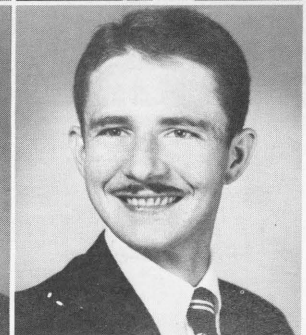
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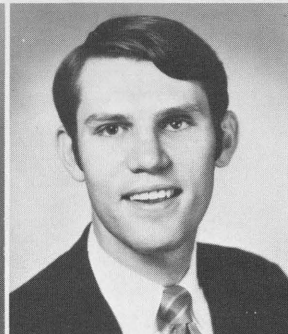
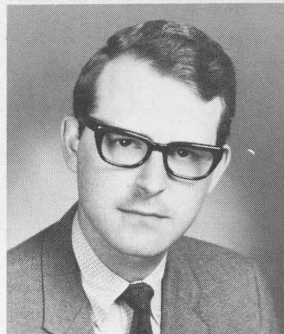
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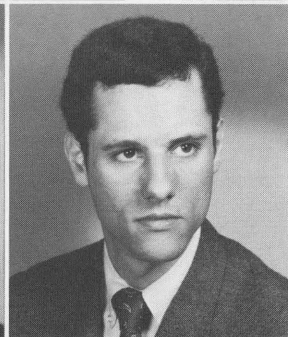
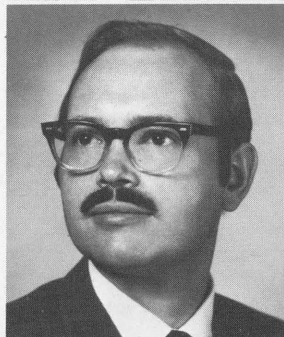
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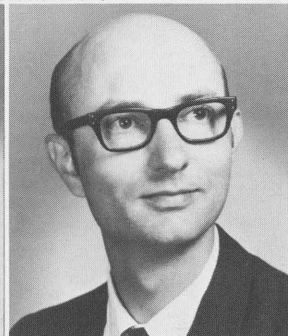
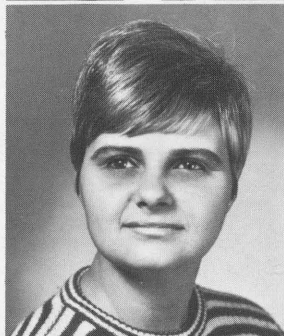
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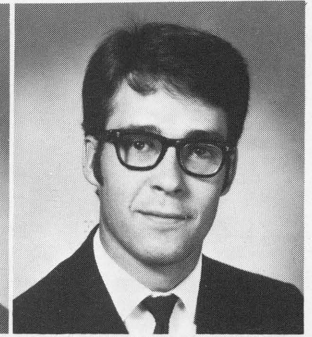
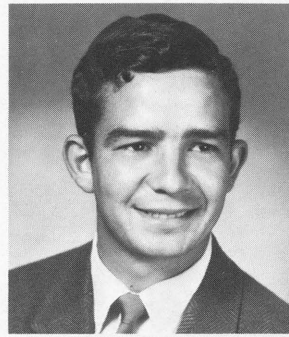
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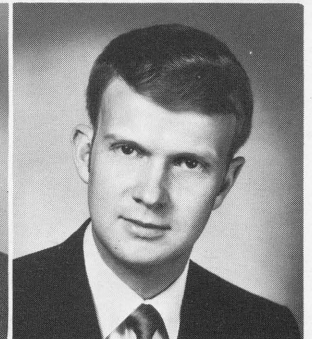
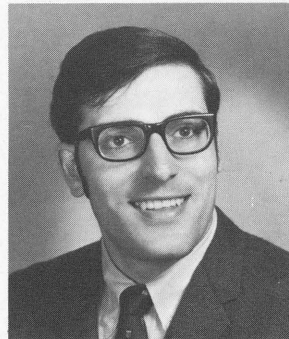
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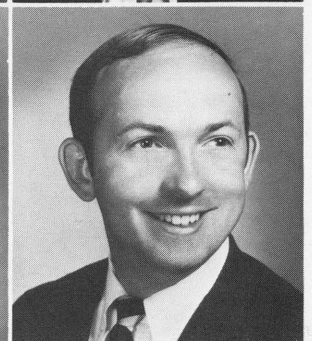
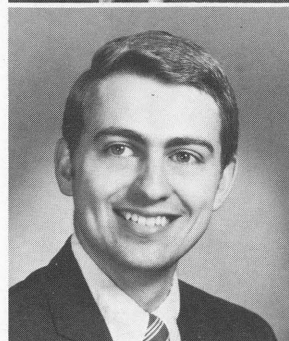
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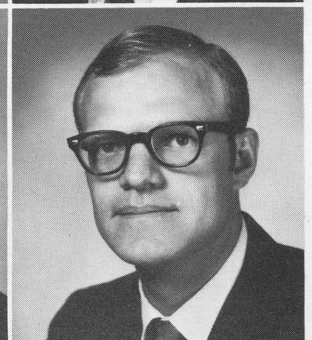
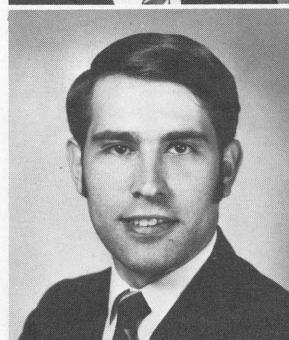
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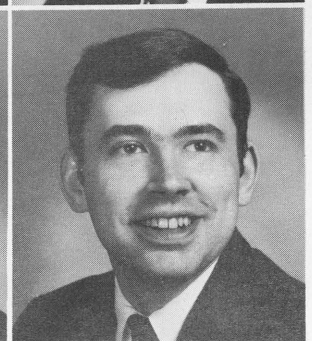
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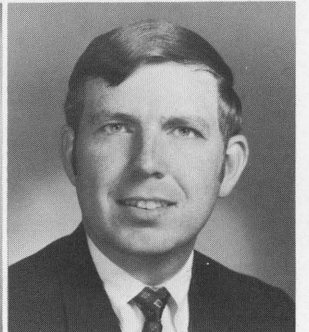
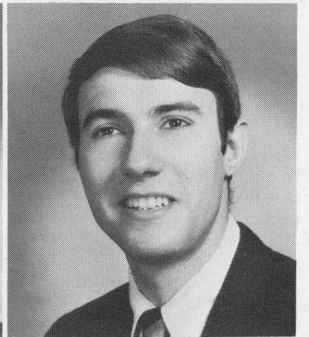
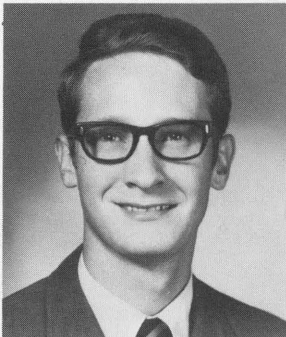
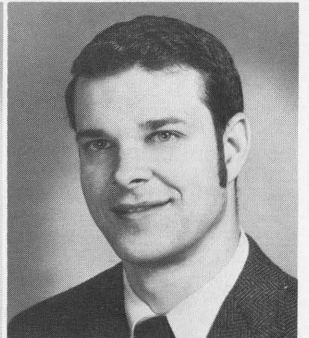
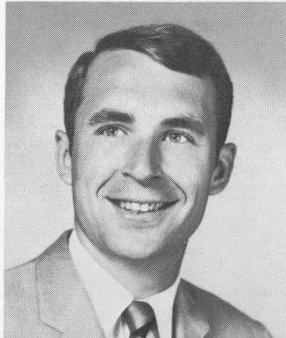
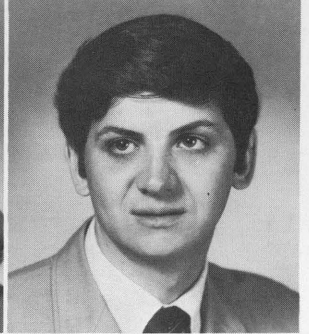
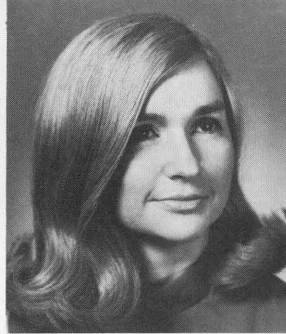
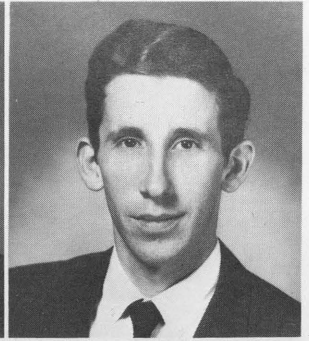
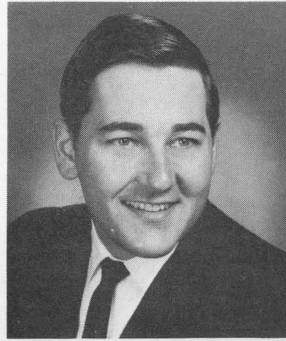
JOHN T. FARGHER, M.D.
Michigan City, Indiana

HAROLD G. FELTER, M.D.
Indianapolis, Indiana

EDWARD P. FEUTZ, M.D.
Paris, Illinois

NANCY F. FISHBACK, M.D.
Indianapolis, Indiana

WILLIAM FORTNER, M.D.
Campbellsburg, Indiana



ALAN B. FOSTER, M.D.
Prospect, Connecticut

PETER C. FREDERIXON, M.D.
Crown Point, Indiana

SHELDON J. FRIEDMAN, M.D.
South Bend, Indiana

JERRY A. GOODMAN, M.D.
Indianapolis, Indiana

THOMAS A. GOODNIGHT, M.D.
Indianapolis, Indiana

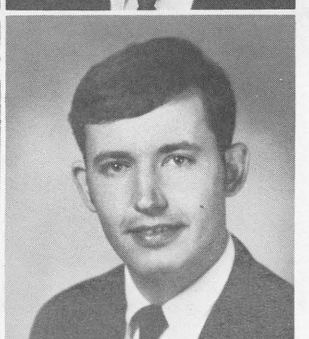
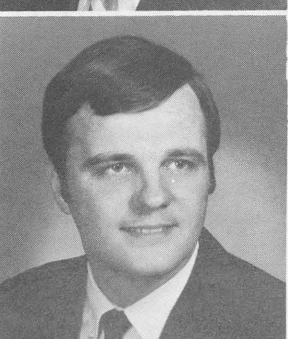
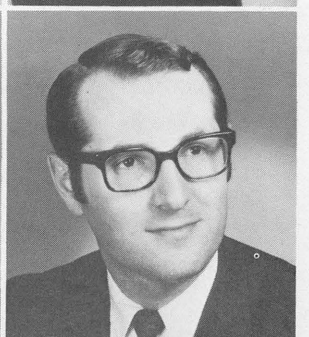
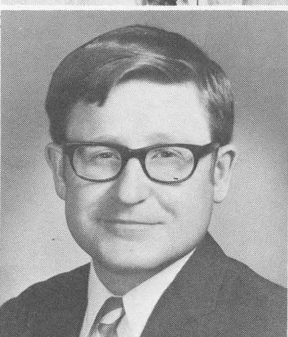
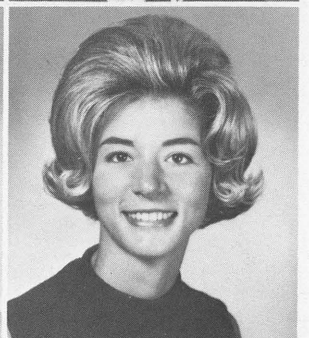
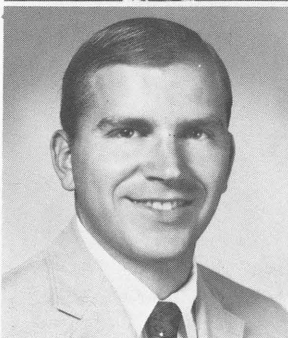
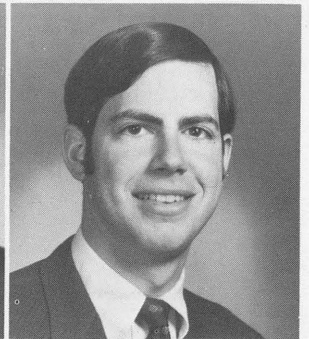
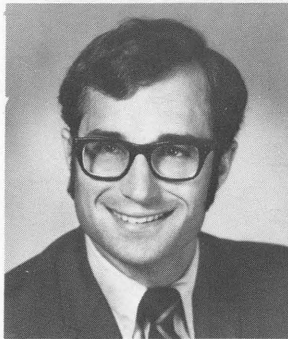
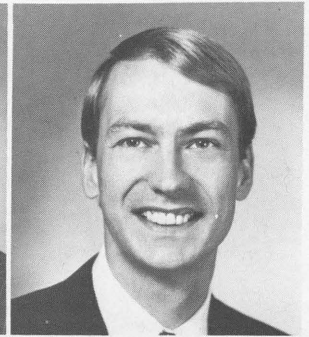
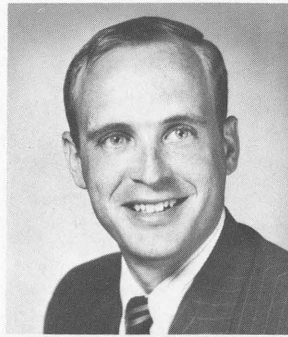
EMALEE K. GOTTBATH, M.D.
Jeffersonville, Indiana

THOMAS R. GRUSZYNSKI, M.D.
South Bend, Indiana

KENNETH H. GUILD, M.D.
North Truro, Massachusetts

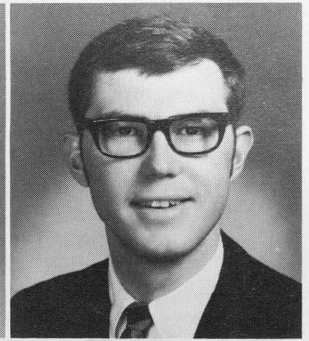
THOMAS W. HAMILTON, M.D.
Evansville, Indiana

EDWARD W. HARTZLER, M.D.
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STEPHEN HAWKINS, M.D.
Indianapolis, Indiana

LOUIS W. HECK, M.D.
Terre Haute, Indiana



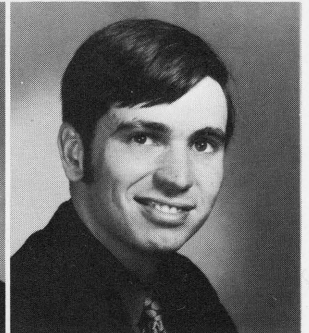
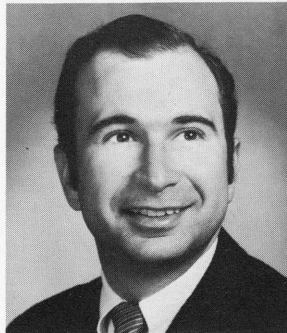
THEODORE F. HEGEMAN, M.D.
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HAMID HEKMATRAVAN, M.D.
Milwaukee, Wisconsin



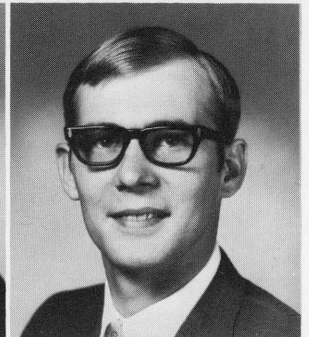
LYLE G. HENRY, M.D.
Indianapolis, Indiana

RALPH G. HESLER II, M.D.
Indianapolis, Indiana



HORACE O. HICKMAN, M.D.
Indianapolis, Indiana

FREDERICK A. HILLIS, M.D.
Logansport, Indiana



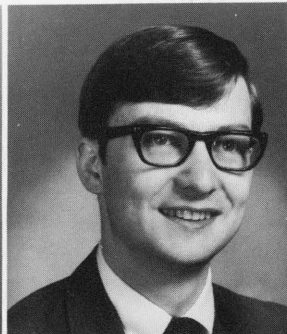
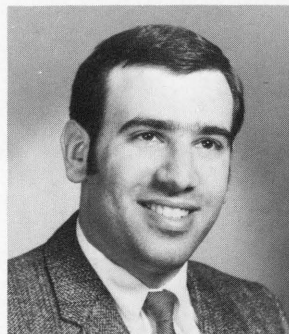
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LINDA B. HINER, M.D.
Indianapolis, Indiana



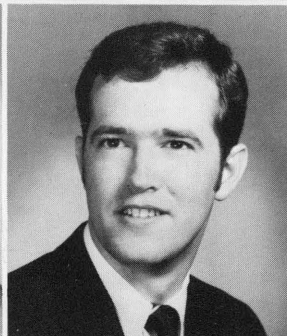
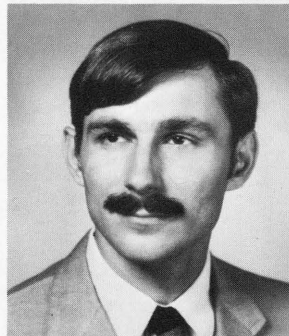
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JON W. HOLDREAD, M.D.
Goshen, Indiana



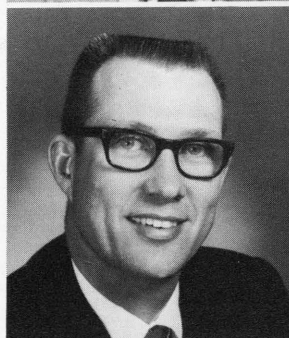
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PAUL F. HOWARD, M.D.
Lake Placid, Florida



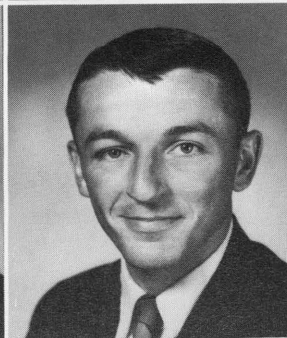
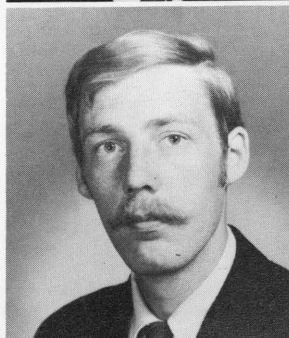
RICHARD G. HUBER, M.D.
Indianapolis, Indiana

DONALD HUNSBERGER, M.D.
Wyatt, Indiana



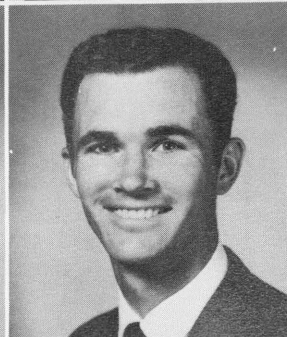
MICHAEL J. HAGGER, M.D.
Silver Lake, Indiana

JOSEPH JAMESON, M.D.
Indianapolis, Indiana



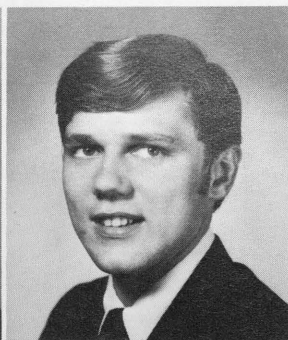
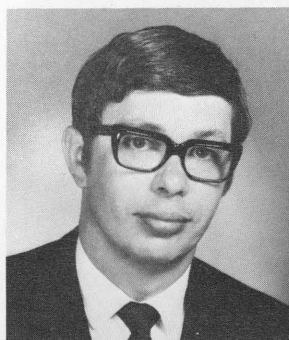
PAUL E. JARRETT JR., M.D.
Anderson, Indiana

DAVID L. JETMORE, M.D.
Huntertown, Indiana



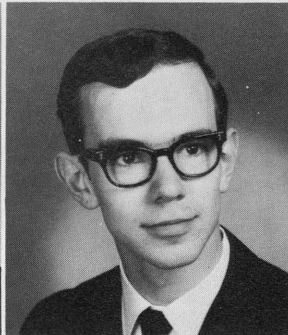
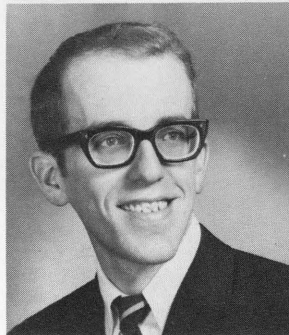
J. MARTIN JOHNSON, M.D.
Muncie, Indiana

PHILIP J. JOHNSON, M.D.
Muncie, Indiana



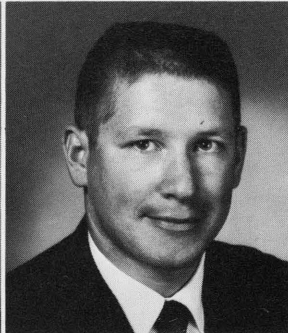
PHILIP E. JOHNSTON, M.D.
Fort Wayne, Indiana

THOMAS A. JONES, M.D.
Anderson, Indiana



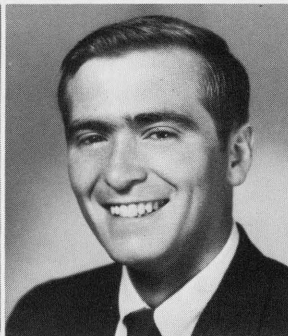
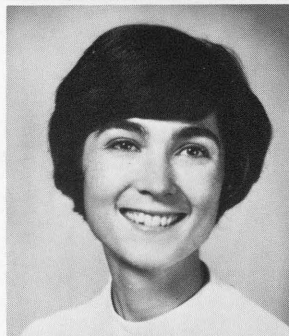
NINA C. KING, M.D.
Speedway, Indiana

GEORGE W. KMETZ, M.D.
Crown Point, Indiana



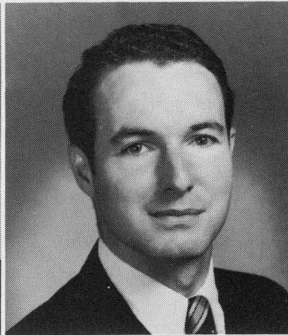
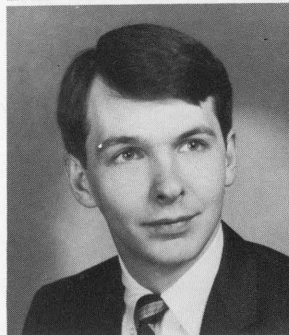
NANCY C. KNOLL, M.D.
Indianapolis, Indiana

DAVID J. KRULL, M.D.
Rome City, Indiana



GREGORY P. KWASNY, M.D.
Hammond, Indiana

MICHAEL T. LAMB, M.D.
Brownsburg, Indiana



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RICHARD L. LAUTZENHEISER, M.D.
Berne, Indiana

FRANK H. LAWRENCE, M.D.
Delmar, Delaware

CHARLOTTE A. LEE, M.D.
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STEVE LENN, M.D.
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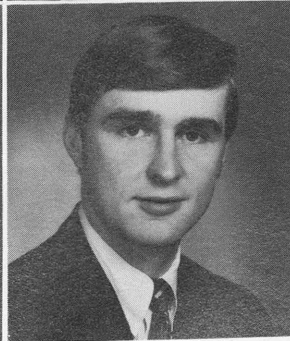
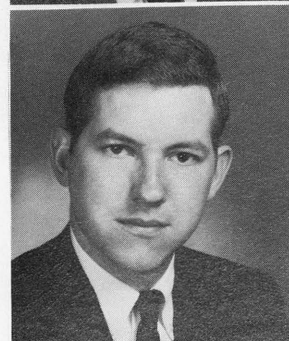
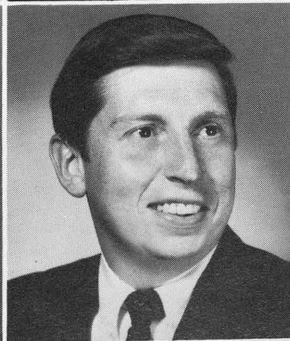
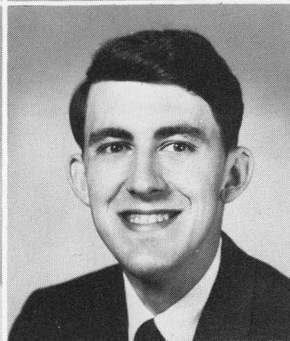
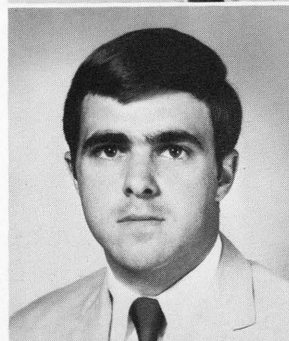
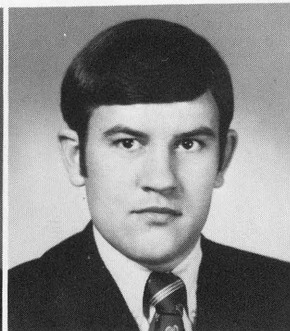
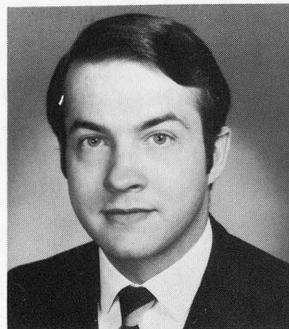
MICHAEL K. LOMAX, M.D.
Shoals, Indiana

JOSEPH M. LONG, M.D.
Indianapolis, Indiana

DONALD R. LOWES, M.D.
Wanamaker, Indiana

GALE S. LUNDQUIST, M.D.
West Lafayette, Indiana

FRANK R. LUSHER, M.D.
Chula Vista, California



THOMAS A. MABEL, M.D.
Indianapolis, Indiana

ODILE W. MacALLISTER, M.D.
South Bend, Indiana

JERRY L. MACKEL, M.D.
Huntertown, Indiana

THADDEUS J. MALAK, M.D.
Gary, Indiana

THOMAS W. MARSHALL, M.D.
Indianapolis, Indiana

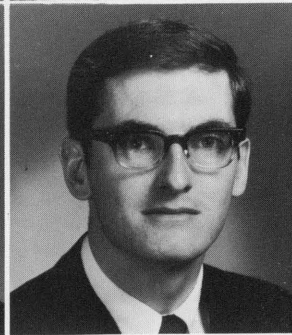
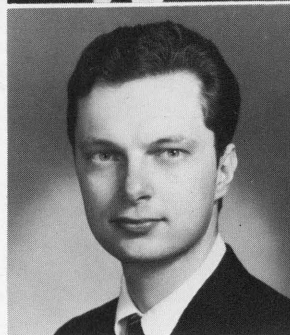
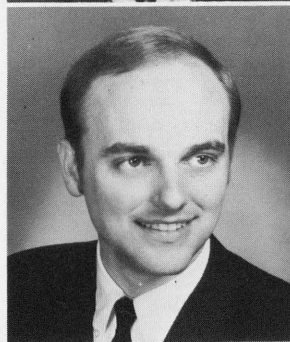
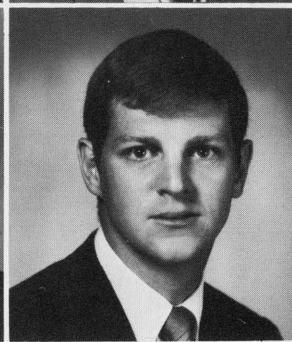
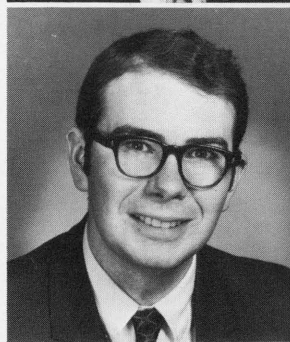
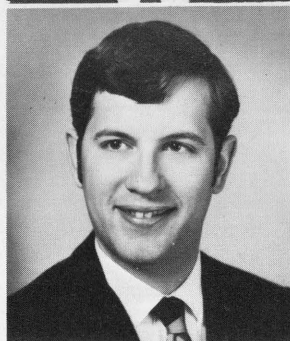
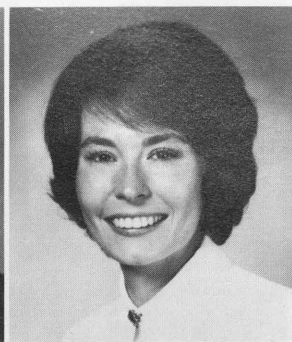
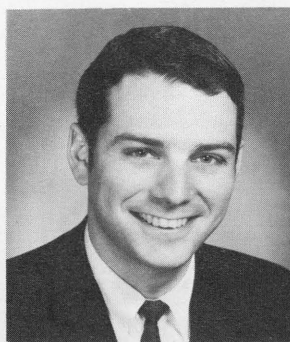
JOHN T. McGUICKIN, M.D.
Park Ridge, Illinois

DAVID S. McLAUGHLIN, M.D.
Connersville, Indiana

SHARON M. MEANS, M.D.
Terre Haute, Indiana

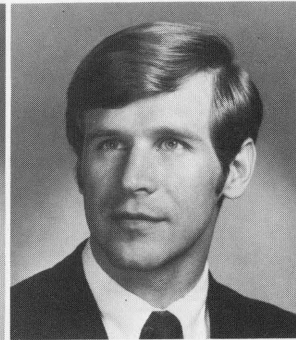
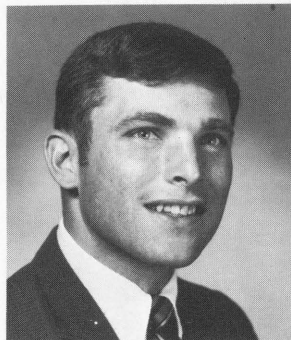
MARK E. MEYERS, M.D.
Evansville, Indiana

ROBERT M. MICHAELS, M.D.
Summit, New Jersey



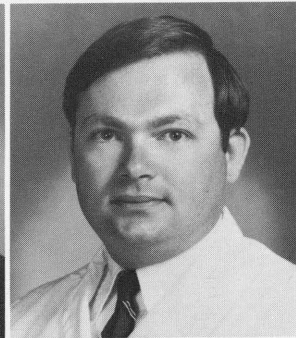
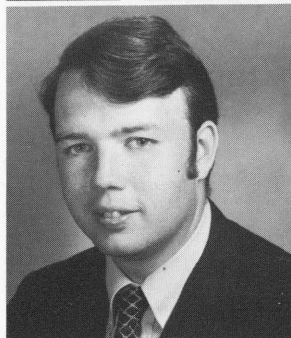
JOHN L. MILLER, M.D.
Great Falls, Montana

ROBERT W. MILLER, M.D.
Valparaiso, Indiana



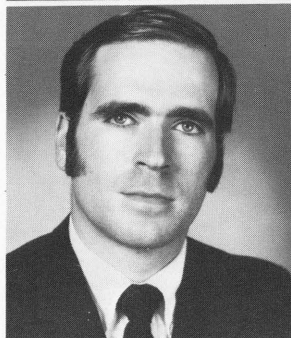
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ROBERT P. MOHLMAN, M.D.
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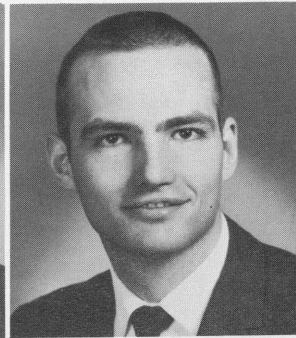
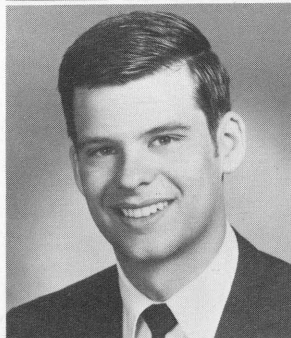
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WILLIAM F. MORGAN, JR., M.D.
Madison, Indiana



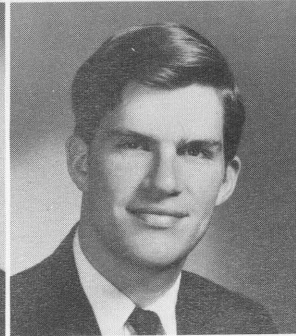
DELBERT W. NELSON JR., M.D.
Evansville, Indiana

STUART A. O'BYRNE, M.D.
Chicago, Illinois



NORMAN W. OESTRIKE, M.D.
Indianapolis, Indiana

RICHARD H. OTTEN, M.D.
Indianapolis, Indiana



STEVEN E. OTTENWELLER, M.D.
Fort Wayne, Indiana

BONNIE J. PATTERSON, M.D.
Griffith, Indiana

W. DAVID PEPPLER, M.D.
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JON C. PERKINS, M.D.
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GUY F. PERRY JR., M.D.
Indianapolis, Indiana

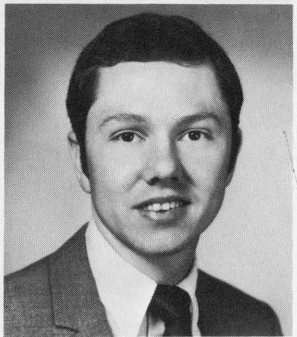
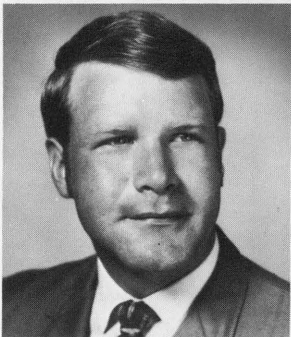
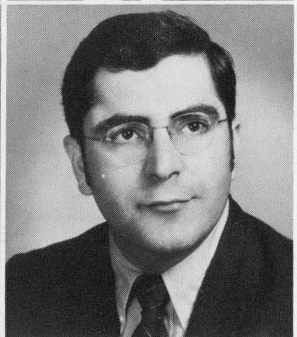
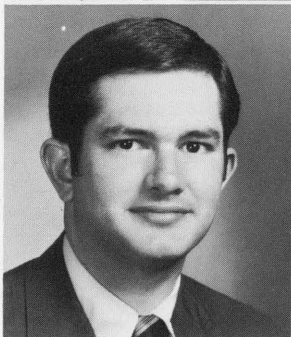
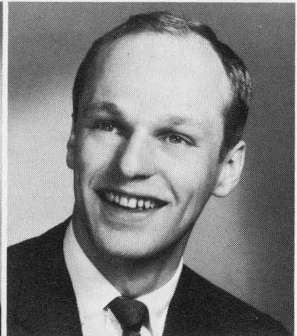
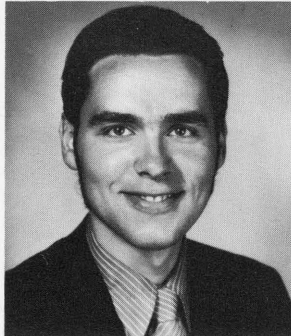
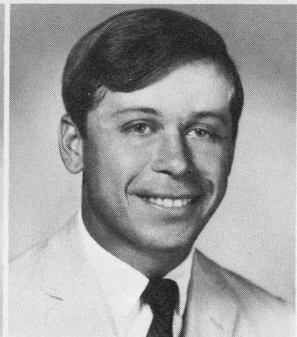
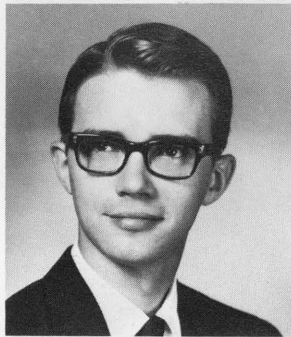
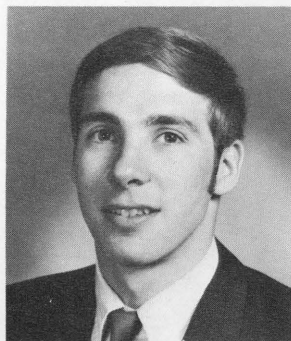
JOHN C. PHARES, M.D.
Kokomo, Indiana

STEPHEN R. PLEDGER, M.D.
Evansville, Indiana

GYORGY G. POLCZ, M.D.
Muncie, Indiana

JOHN M. PROOS III, M.D.
South Bend, Indiana

JOSEPH C. RANDOLPH, M.D.
Gary, Indiana



JAMES E. RAU, M.D.
Indianapolis, Indiana

CHARLES M. REECE, M.D.
New Castle, Indiana

DARREL A. REGIER, M.D.
Hobart, Indiana

CHARLES E. REHN, M.D.
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PAUL H. RICE, M.D.
Kokomo, Indiana

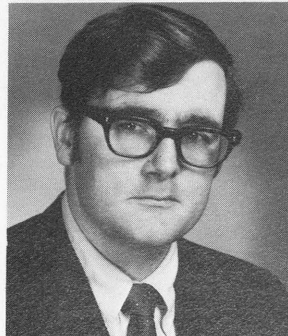
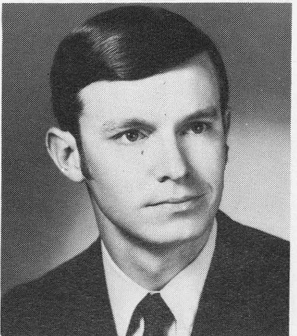
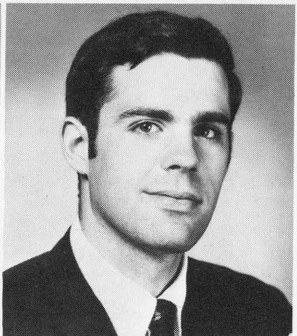
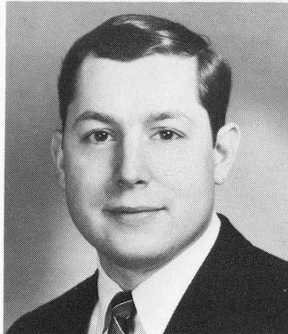
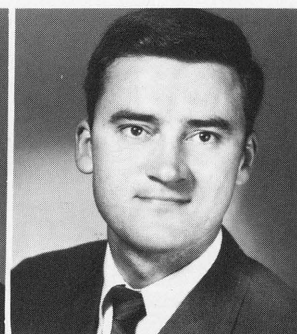
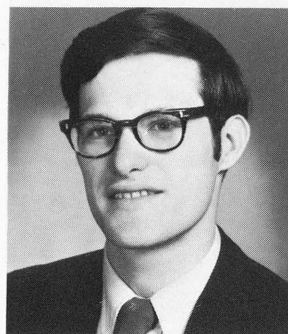
DAVID W. ROBERTS, M.D.
Manchester, Connecticut

DONALD L. ROEGNER, M.D.
Tipp City, Ohio

PHILIP A. ROPER, M.D.
Indianapolis, Indiana

JAMES R. ROUSH, M.D.
Morgantown, Indiana

MICHAEL J. RUEGSEGG, M.D.
Waterloo, Indiana



MAX RUDICEL, M.D.
Muncie, Indiana

GORDON A. SASKIN, M.D.
Indianapolis, Indiana

JACK R. SCHERER, M.D.
Columbus, Indiana

ESTHER SCHUBERT, M.D.
Taiwan

ARNOLD J. SCHULTE, M.D.

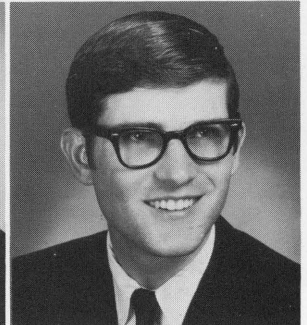
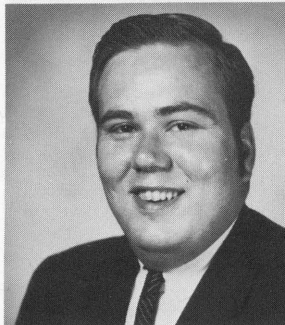
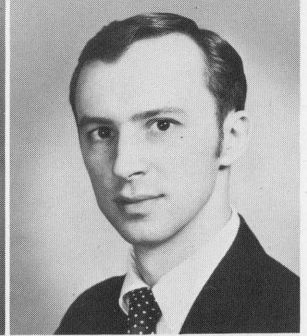
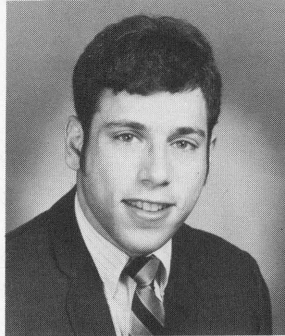
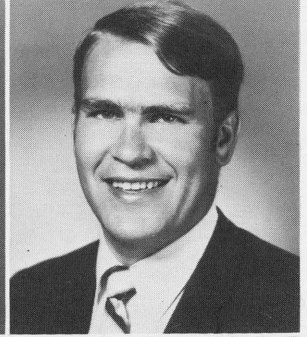
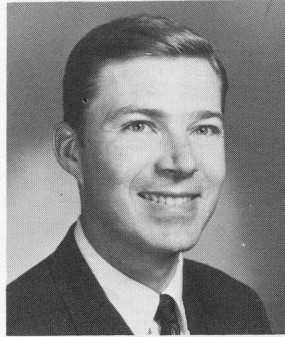
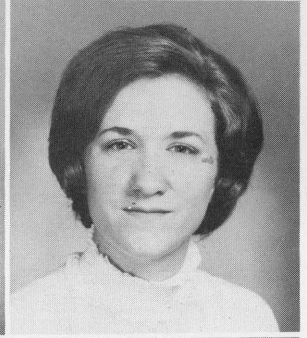
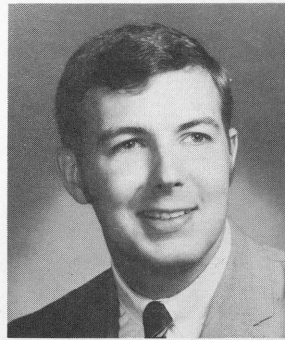
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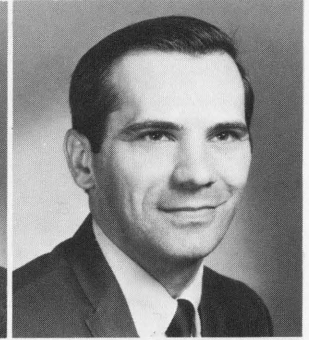
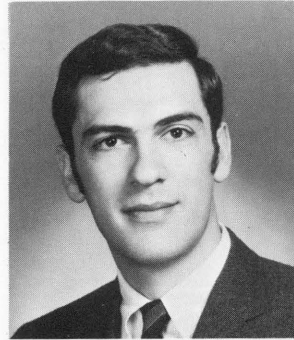
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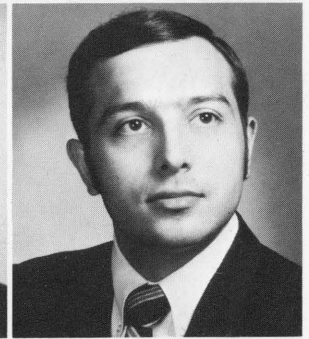
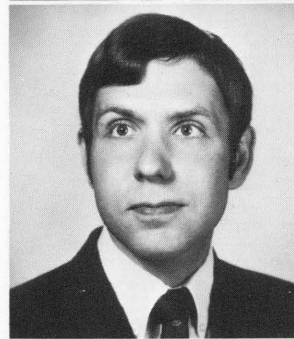
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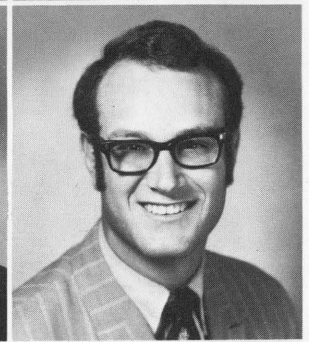
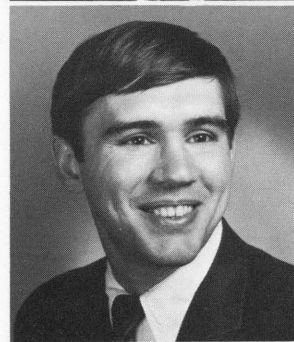
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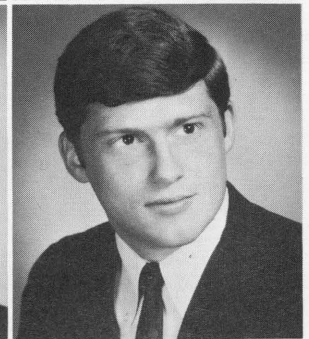
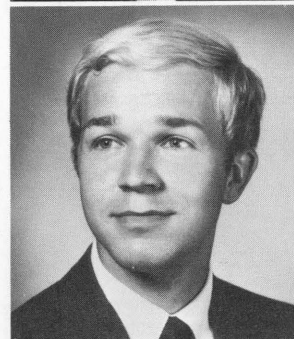
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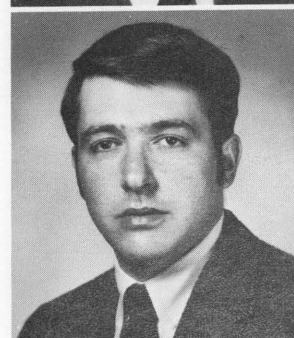
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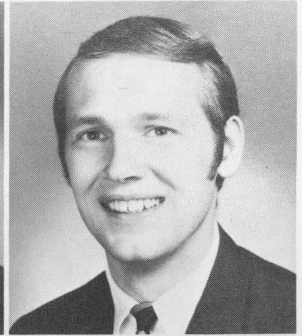
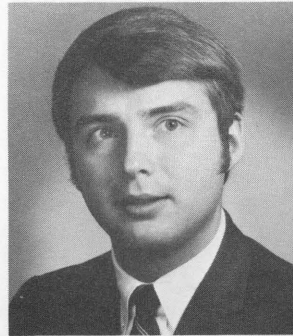
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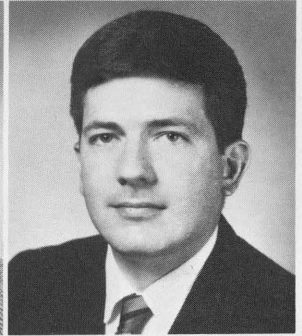
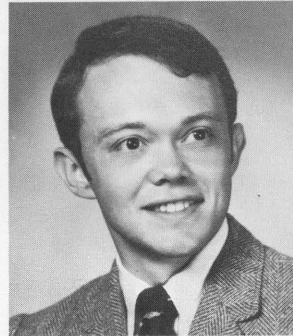
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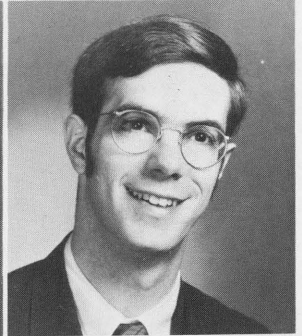
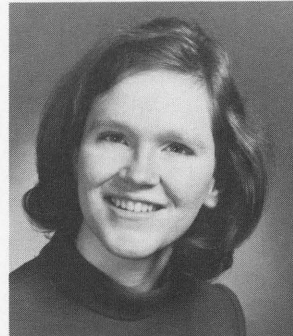
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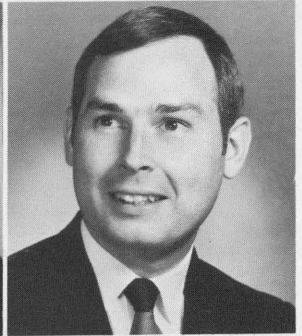
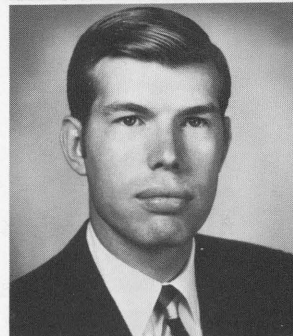
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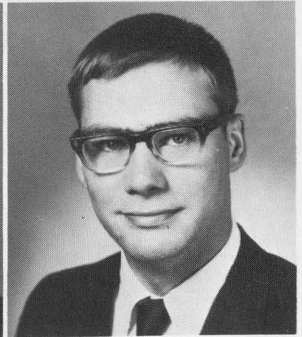
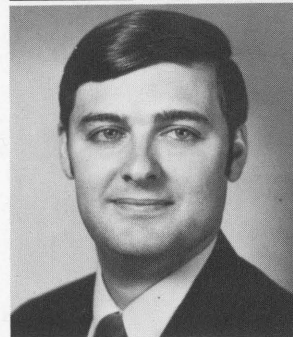
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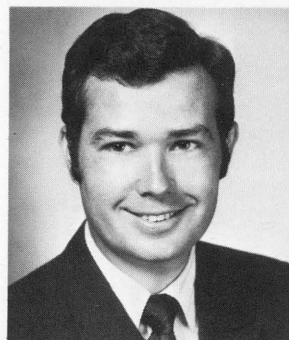
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GEORGE WEIS, M.D.
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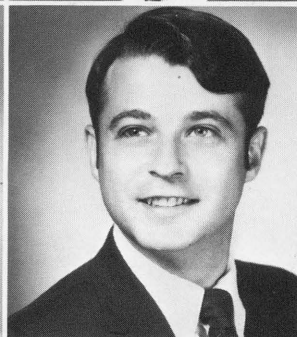
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Fort Wayne, Indiana

LARRY V. WILLIAMS, M.D.
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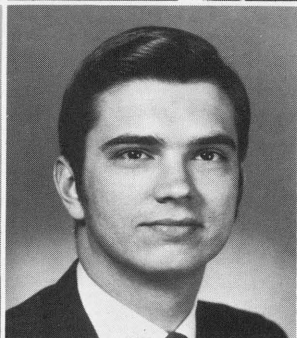
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PHILIP ZOERCHER, M.D.
Tell City, Indiana



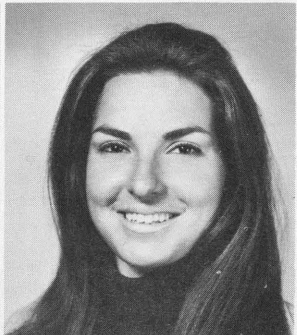
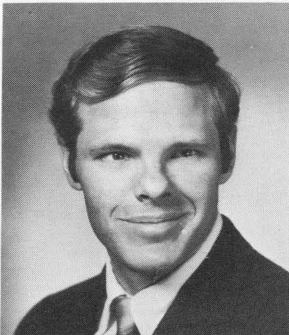
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Walton, Indiana

RONALD AHLBRAND, M.D.



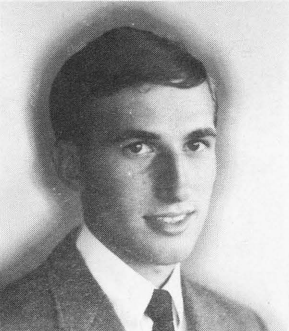
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Indianapolis, Indiana

STEPHEN BLYTHE, M.D.
Indianapolis, Indiana



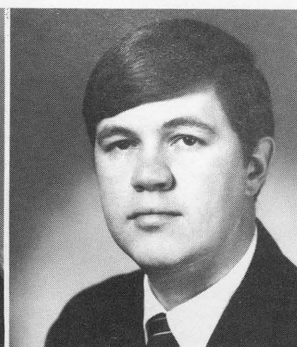
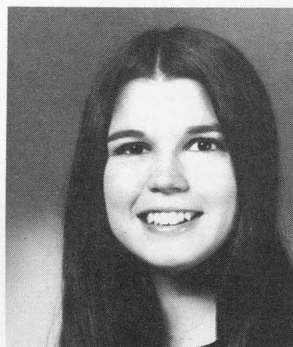
DAVID S. HURST, M.D.
Hammond, Indiana

MARC A LEVIN, M.D.
Whiting, Indiana

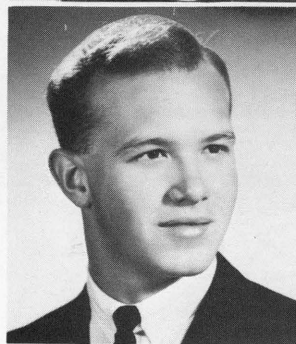


LINDA K. STRAWBRIDGE, M.D.
Indianapolis, Indiana

ROBERT STRAWBRIDGE, M.D.
Indianapolis, Indiana



FRED WESBROOK, M.D.
Indianapolis, Indiana



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GERALD LEE BLOSSOM, M.D.
JANET T. BLOSSOM, M.D.
MICHAEL SIMON COFFMAN, M.D.
MICHAEL JOSEPH DUKES, M.D.
MARC EISENBERG, M.D.
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JACK LLOYD FOLTZ, M.D.
KIM LYLE FROBERG, M.D.
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TERRY FLETCHER HATCH, M.D.
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MICHAEL RAY KNONWITZ, M.D.
JOHN THOMAS McGUICKIN, M.D.
DAVID STEPHEN McLAUGHLIN, M.D.
JON TERRY MADER, M.D.
STEPHEN DENNIS MALUGA, M.D.
GEORGE WALLACE MERKLE, M.D.
STEPHEN ROGERS MILLER, M.D.
JOHN EDWARD MULGLUR, M.D.
JAY EDWIN NOFFSINGER, M.D.
STUART ABBOTT O'BYRNE, M.D.
DAVID ANTHONY PARDIECK, M.D.
YUK C. POON, M.D.
WILLIAM ZEIGLER POTTER, M.D.
JOHN DICKSON RAU, M.D.
EDWARD JAY RYAN, M.D.
MICHAEL GERARD RYAN, M.D.
GILBERT ALLAN SARTORE, M.D.
ELIZABETH JILL UNGER, M.D.
MICHAEL B. WEEKS, M.D.

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Vanderbilt, Nashville	Janice R. Gable
Wayne J. Ambrous	Lutheran General, Chicago
Methodist Hospital, Indianapolis	Richard C. Gingery
Kenneth W. Anderson	Weld County General, Denver
Forth Wayne Medical Education	Jerry A. Goodman
Donald H. Ankov	Methodist Hospital, Indianapolis
Grady Memorial, Atlanta	Thomas M. Goodnight
Leslie A. Bain	Methodist Hospital, Indianapolis
Memorial, Long Beach	Emalee K. Gottbrath
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St. Joseph's, Denver	Edward W. Hartzler
Louis B. Bixler	Indiana University, Indianapolis
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Memorial Hospital, South Bend	Stephen S. Hawkins
Norman P. Blair	Methodist Hospital, Dallas
Colorado Medical Center, Denver	Louis W. Heck
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Janet L. Blossom	Indiana University, Indianapolis
Methodist Hospital, Indianapolis	Hamid Hekmatravan
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Marion County General, Indianapolis	Lyle G. Henry
Stephen E. Blythe	Marquette University, Milwaukee
Marion County General, Indianapolis	Ralph G. Hesler
Jeffrey L. Bohling	L.A. County--USC Medical Center
St. Mary's Hospital,	Horace O. Hickman
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Cook County Hospital, Chicago	Frederick A. Hillis
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St. Elizabeth's, Dayton	Frank L. Hilton
James N. Brennan	St. Mary's Hospital
University Hospitals, Cleveland	Linda B. Hiner
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Thomas K. Browne	Indiana University, Indianapolis
Marquette University Hospitals, Milwaukee	Craig B. Hoffman
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Lawrence L. Bushkill	IUMC * Psychiatry
L. A. County Harbor General	Robert W. Hongen
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Methodist Hospital, Indianapolis	David S. Hurst
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Ball Memorial Hospital, Muncie	Michael J. Jagger
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David G. Conger	Mary Hitchcock Memorial
Norfolk, General Hospital, Norfolk	John M. Johnson
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Tampa General Hospital, Tampa	Philip J. Johnson
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Galveston, Univ. of Texas	Philip E. Johnston
John F. Crewes,	Methodist Hospital, Indianapolis
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 Indiana University, Indianapolis

M6648000

INDIANA UNIVERSITY MEDICAL CENTER

TEMPORARY RELEASE

The maximum time limit that may be granted is 72 hours. If patient needs to be absent for a longer period they are to be discharged.

Minors are to have the forms completed by parent or guardian and they are to be released only to those persons.

1. THE UNDERSIGNED, UNDERSTAND THAT PERMISSION HAS BEEN GRANTED FOR

Senior Class of 1970 - IUMC
(Myself or Name of Patient)

TO BE ABSENT FROM THE HOSPITAL FOR A PERIOD BEGINNING

June 9, 1970
(Time) (Date)

AND ENDING

July 1, 1970
(Time) (Date)

IN ADDITION, IT IS AGREED THAT I ASSUME FULL RESPONSIBILITY FOR MY OR MY CHARGE'S SAFETY AND WELL-BEING DURING THIS PERIOD AND WILL HOLD THE HOSPITAL AND MEDICAL STAFF HARMLESS FOR ANY INJURY OR DAMAGE SUSTAINED WHILE OFF THE HOSPITAL PREMISES.

I, FURTHER, UNDERSTAND THAT HOSPITAL CHARGES FOR BED OR ROOM WILL BE CONTINUED DURING THIS ABSENCE.

Medical School Faculty
(Witness)

Class of 1970
(Patient or Guardian)

June 9, 1970
(Date)

June 9, 1970
(Date)

The above patient has been given permission to leave the hospital for a period beginning

June 9, 1970
(Time) (Date)

and ending

July 1, 1970
(Time) (Date)

In my opinion this absence will be beneficial to the patient and not interfere with the hospital treatment.

Leo M. Bonaventura M.D.
(Attending Physician or Representative)

June 9, 1970
(Date)

M6403200

INDIANA UNIVERSITY MEDICAL CENTER

HISTORY-PHYSICAL-PROGRESS-OTHER
(CIRCLE ONE)

Date

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So Teach Us To Number
Our Days,
So That We May Apply
Our Hearts unto Wisdom.

